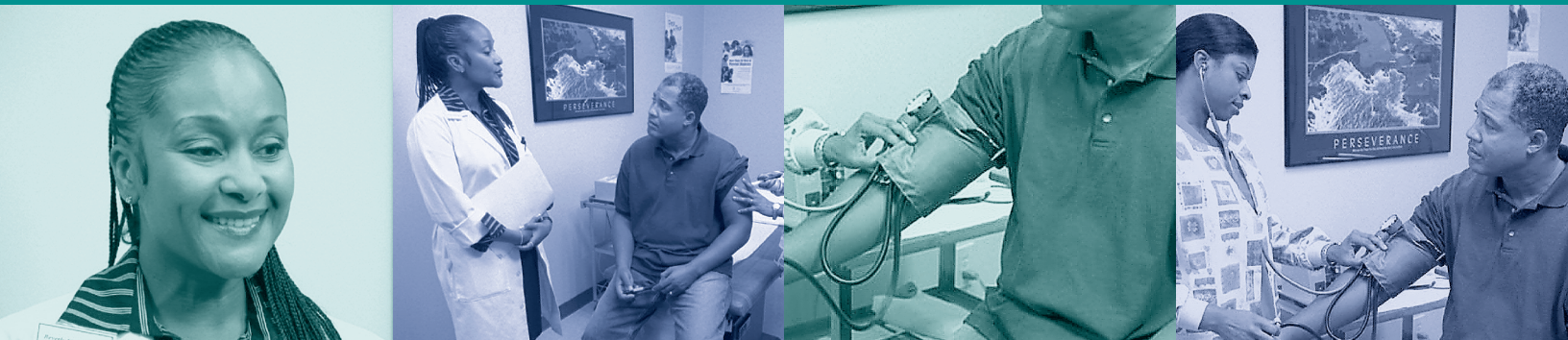


New Beginnings



A Discussion Guide for Living Well with Diabetes



Based on Themes from the Film *The Debilitator*



Diabetes

1-800-316-0935

Missouri Department of Health & Senior Services
Bureau of Cancer and Chronic Disease Control
www.dhss.mo.gov/diabetes



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New Beginnings: A Discussion Guide for Living Well with Diabetes

Based on Themes from the Film *The Debilitator*

2005



NATIONAL
**DIABETES
EDUCATION**
PROGRAM

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Disclaimer

The Debilitator is an independently produced film created by Millennium Filmworks. The film is not an NDEP product, and as such, the NDEP does not have the rights to use, reproduce, or broadcast the film. The NDEP is not responsible for the content of *The Debilitator* film, and reference to this film does not imply an endorsement of products developed by the organizations that funded and created this film. Information on obtaining this film is provided solely as a service for users of this NDEP discussion guide. It is possible to use this discussion guide without access to the film. Contact Millennium Filmworks at <http://www.millenniumfilmworksinc.com> or call (404) 717-4383 for further information on obtaining the film. Photographs in the discussion guide that are related to *The Debilitator* film were provided by Millennium Filmworks, Inc.

Single copy or bulk order purchases of the film plus discussion guide can be made through the Public Health Foundation at www.phf.org. On the website, click on Bookstore and then Diabetes to locate the guide and film.

The Missouri Diabetes Prevention and Control Program purchased several copies of *The Debilitator* film that can be borrowed through the Missouri Department of Health and Senior Services Audio Visual Program. The film is available in VHS (#VH004878) or DVD (#DV0007) format. See pages 119-120 for a request form and instructions for requesting the film. Since the film is needed for several sessions of this guide, the film can be borrowed for up to three months, and can be renewed for another three months if needed for a longer period of time.

The Missouri Diabetes Prevention and Control Program is providing copies of most of the handouts referenced in this guide. They can be found in the Handouts section at the end of the guide.

This guide and handouts can be accessed electronically through the diabetes web page at <http://www.dhss.mo.gov/diabetes/NewBeginnings.html>. On the web page, the sessions and handouts are provided individually so you can open, print, and/or download only the portions of the guide needed. There is also an option to open, print, and/or download the entire guide.

If you have questions, please contact the Missouri Diabetes Prevention and Control Program at (573) 522-2861 or (800) 316-0935.

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HANDOUTS

- 4 Steps to Control Your Diabetes for Life
- Be Smart About Your Heart. Control the ABCs of Diabetes, A1C, Blood Pressure, Cholesterol
- If You Have Diabetes...Know Your Blood Sugar Numbers!
- Tips for Helping a Person With Diabetes
- Am I at Risk for Type 2 Diabetes?
- More Than 50 Ways to Prevent Diabetes
- Tips for Kids with Type 2 Diabetes Series
 - What is Diabetes?
 - Be Active
 - Stay at a Healthy Weight
 - Eat Healthy Foods
- Overview of Diabetes in Children and Adolescents

Introduction

A discussion facilitator is the person who takes the lead in guiding the discussion. This person could be a diabetes educator but doesn't have to be. Experience acting as a group facilitator is helpful but not essential, because these sessions do not need to be held in a formal setting. They could be explored in a more informal and intimate setting, such as a family gathering.

How to Use This Guide

Welcome to this new discussion guide from the National Diabetes Education Program (NDEP). This guide was developed to expand on themes and educational opportunities brought out in *The Debilitator*, a public television docudrama developed by independent film company Millennium Filmworks.

This film and discussion guide focus on an often overlooked aspect of diabetes—the impact that emotions can have on how people give and receive information about diabetes, whether they seek help, and, ultimately, what influences them to take action to control or prevent diabetes. Our experience participating in pilot test screenings of the film *The Debilitator* has told us that people want to talk about it afterward: about their personal experiences and the emotions that accompany living with diabetes. This guide is intended to help facilitate the discussion by providing stimulus questions, group and individual exercises, and role-playing experiences.

The material in this discussion guide is divided into 13 modules to be used by facilitators in leading sessions on topics drawn from *The Debilitator*. This film is about Calvin Dixon, an African American man with neglected diabetes who dreams that he dies of a heart attack. The dream prompts him to share his fears with his family and to accept their help in taking action to control his diabetes.

The modules for the sessions, all formatted in the same manner, include background information, learning objectives, materials needed, suggestions for stimulation questions, and points to bring out in the discussion. An estimated time is given, but only for the discussion. An additional 30 minutes is needed for watching the film. Many modules contain classroom and homework exercises, and some include optional activities. You may choose among these activities based on the interests of the group, the amount of time that you have, and your expertise as a discussion leader. Some handouts for the sessions are included in this discussion guide kit and may


The Missouri Diabetes Prevention and Control Program is providing copies of most of the handouts referenced in this guide. They can be found in the Handouts section at the end of this guide.

be photocopied for participants; others must be ordered from the NDEP ahead of time or downloaded from the Internet at <http://www.ndep.nih.gov>


Each module is designed to stand alone. You can use any one of the modules if you are meeting with a group only once, or you can use the modules as a series if you are meeting several times with the same group. The overview session is designed to bring out facts about diabetes and to probe emotions evoked by viewing *The Debilitator*. The session is “scripted”; that is, it contains detailed notes on what you can say to the group to facilitate discussion. You may want to use that module if you are meeting on a one-time basis with a group and the participants don’t know each other. The other modules in the guide focus more closely on specific scenes in the film and can be used in a support group, in an educational meeting, or in any other group that is meeting more than once. Those modules assume that the group members have already met together at least once. They are not as heavily scripted as the overview session, but they all include points that we suggest you bring out during the discussion.


Key to Icons Used in This Guide

- See how you can borrow *The Debilitator* film.


 DVD

→

1. Play film, or replay scene in film.
***The Debilitator* film can be borrowed through the Missouri Department of Health and Senior Services Audio Visual Program. The film is available in VHS (#VH004878) or DVD (#DV0007) format. See pages 119-120 for a request form and instructions for requesting the film. Since the film is needed for several sessions of this guide, the film can be borrowed for up to three months, and can be renewed for another three months if needed for a longer period of time.**
- 

2. Distribute/review handout(s).
The Missouri Diabetes Prevention and Control Program is providing copies of most of the handouts referenced in this guide. They can be found in the Handouts section at the end of this guide.
- 

3. Make sure the following points are brought out in the discussion.



4. Be alert to a sensitive topic (e.g., spirituality, discussion of emotions).



5. Time needed for discussion.



6. Classroom exercise or activity.



7. Homework exercise/home exercise.

Only the final module requires special medical training, and any factual information about diabetes that you may need is included in the handouts. However, the NDEP strongly encourages inviting a medical person (health care provider or certified diabetes educator) to participate in any sessions that you conduct to provide support for the discussion and to answer any specific medical questions that may arise. The final module is designed specifically to be used to lead a session for health care providers. We recommend that this session be facilitated by a health care provider who is currently involved in clinical care.

Also contained in this guide are a group of frequently asked questions and their answers, a section on troubleshooting to help you handle unexpected situations during the sessions, a list of suggestions for creating your own

panel discussion, a References and Resources section, a form for ordering NDEP materials, and a list of state-based programs to prevent and control diabetes.

Please submit questions or comments about this guide to Dr. Jane Kelly, director of the National Diabetes Education Program (NDEP), Centers for Disease Control and Prevention (CDC), at jkelly@cdc.gov, or fax 770-488-5195.

THANK YOU

Frequently Asked Questions

What is the film *The Debilitator* about?

The Debilitator tells the story of Calvin Dixon, an African American man with neglected diabetes who has a bad dream about dying of a heart attack. When he wakes up, his fears prompt him to tell his family about his diabetes and to get help in dealing with his diabetes and taking proper care of himself. Diabetes can be a “debilitator” in that it can wear down, or debilitate, a person’s energy, health, and well-being, but it doesn’t have to. One can beat “the debilitator.” As Calvin Dixon says, “I’m going to beat the odds.”

What is the discussion guide all about?

The discussion guide contains materials that show facilitators how to lead a discussion among a small group of people (for example, a support group, a diabetes class, a church group, or a “lunch-and-learn” session at work) about the events in the film. The guide contains 13 modules on different topics drawn from Calvin Dixon’s story. The final module is a communications training module for health care providers to help them understand more about what their patients are experiencing.

Lots of videos and booklets about diabetes are available nowadays. How are these materials different?

By telling the story of one man and how he deals with learning that he has diabetes, *The Debilitator* connects emotionally with the audience. The discussion guide focuses on the emotions that Calvin Dixon experiences, how he shares his feelings with his family, and how he interacts with his doctor.

This film is about an African American man and his family. The people in the group I’ll lead may not be African American. Do the film and discussion guide still apply to them?

Yes. Human emotions are universal. This story focuses on an African American man, but the emotional issues and lessons learned apply to all of us. It might be worthwhile for your group to talk about how some things in the

film might be expressed differently in your family, your culture, or your community group.

I am a Diabetes Educator. How can I use this film?

As a diabetes educator, you have a fundamental role in providing and teaching diabetes self-management. You can use *The Debilitator* film and discussion guide in a variety of settings (e.g., clinics, community organizations, support groups, diabetes retreats) to help your clients

- Acknowledge the emotional aspects of diabetes and how they can hinder or support diabetes self-care.
- Better understand the importance of diabetes care and self-management.
- Formulate a plan for adopting diabetes self-care behaviors.

I am the program director/coordinator of the state Diabetes Prevention and Control Program (DPCP). How can I use this material?

DPCPs can work collaboratively with communities, municipalities, regions, clinics, health insurance companies, churches, and hospitals, among others, to address the many facets of diabetes, such as risk factors and the connection between diabetes and cardiovascular diseases. Settings in which DPCPs can use *The Debilitator* and the discussion guide are

- ✓ **Coalitions.** Support and foster the development of coalitions to address diabetes and cardiovascular diseases.
- ✓ **Diabetes Education and Training Programs for Professionals.** Provide opportunities to promote best practices and standards of care among those responsible for providing medical care to people living with diabetes.
- ✓ **Provider Education.**
 1. **Patient Education Tools**—Distribute the film to providers and professionals statewide, or hold luncheon meetings to discuss the film.

2. **Continuing Education Unit (CEU)**—Provide educational training sessions on the emotional impact of living with diabetes and on ways to improve communications between health care providers and people living with diabetes and cardiovascular diseases.

Note: The NDEP does not provide continuing medical education (CME) or CEU credit, but your organization may find that these discussion modules fit into already scheduled and approved CEU/CME programs.

- ✓ **Clinic Support for Indigent Diabetes Care.**
- ✓ **Public Education Activities.**
- ✓ **Health Care Systems.** Provide training, support, and resources for primary care centers to improve diabetes care.
- ✓ **Community Interventions.** Use the discussion guide in churches and in other community settings to promote wellness, physical activity, and weight and blood pressure control for people with diabetes.

I am a business owner. What does this discussion guide have to offer me?

Poorly controlled diabetes has a huge effect on your most important resource: your employees. Investing in improved diabetes control can pay off in heightened productivity, decreased absenteeism, lower medical costs, and healthier retirees. Many businesses already have wellness coordinators or occupational health nurses who could lead discussion groups. Smaller businesses that may not have these personnel may have a few employees who would be willing to lead these discussions as “brown bag” lunch sessions. More information and suggestions for things that you as a business owner can do to help prevent and control diabetes among your employees can be found at <http://www.diabetesatwork.org>.

I work at a community college. Can we use this material in our adult enrichment courses?

Yes, you may use the NDEP discussion guide. All NDEP materials are in the public domain, so you can photocopy

and use any of these materials without concern about copyright infringement. You may add other materials or adapt these materials to your needs for an adult enrichment course, and you may put your logo on the materials alongside the NDEP logo. You must contact Millennium Filmworks for information on the rights to show the film.

I run a clinic (or I am a hospital administrator). How can I use this material?

The modules in this discussion guide can be used in training health care providers to improve communication with their patients. Consider showing the film and leading a discussion at a noontime conference or at a weekly CME event. Improved communications between health care providers and patients have been noted to reduce lawsuits and to enhance clinical care. You might even consider holding discussions that bring patients and providers together as a learning experience for both groups. The final module, a communications training module, has been specially designed to help health care providers understand more about what their patients are experiencing.

Note: As stated earlier, the NDEP does not provide CME or CEU credit, but your organization may find that these discussion modules fit into already scheduled and approved CEU/CME programs.

For additional information on diabetes, go to the Missouri Department of Health and Senior Services diabetes web page at <http://www.dhss.mo.gov/diabetes>.

I want to lead a group, but I don't know that much about diabetes. Will this film and accompanying guide give me all the facts that I need to know about the disease?

Some facts about diabetes are presented, but you don't need to have extensive knowledge of diabetes to lead a group. (For a list of common medical terms related to diabetes, visit <http://www.cdc.gov/diabetes/pubs/tcyd/appendix.htm>.) Most of the material in the discussion guide is focused on emotions and behavior—how people can recognize the emotions that stop them from doing the things that are healthy for them, and what they can do to change. If at all possible, invite a medical person (health care provider or certified diabetes educator) to participate in any sessions that you conduct to provide support for the discussion and to answer any specific medical questions that may arise.

I have diabetes and want to learn more about it, and perhaps even lead a discussion, but I don't have a diabetes support group, and I don't go to diabetes education classes. Where can I use this material?

You can use the film and discussion guide anywhere that people get together. You can show the film at a community event, such as a health fair, and then choose one module to discuss. Or you can simply get family and friends together as a group. You may want to ask your local hospital, clinic, or American Diabetes Association (ADA) chapter to help you organize a group. Your state Diabetes Prevention and Control Program may know of programs in your areas or may help you start a program. Refer to the contact list for DPCPs in this discussion guide kit. Or visit <http://www.cdc.gov/diabetes> for the most up-to-date contact list for your state.

The Missouri Diabetes Prevention and Control Program is providing copies of most of the handouts referenced in this guide, but not included with the sessions, in the Handouts section at the end of this guide.

The Debilitator film can be borrowed through the Missouri Department of Health and Senior Services Audio Visual Program. See note on page 4 of this guide.

**What do I need to do to hold a discussion group?
How do I get started?**

Most written materials needed to hold a discussion group are included in this guide. (Some materials for the sessions must be downloaded from the Internet or ordered from the NDEP.) The film *The Debilitator* can be obtained from Millennium Filmworks at <http://www.millenniumfilmworksinc.org>. The discussion guide and other NDEP materials are available free of charge. Download them from the National Diabetes Education Program Web site <http://www.cdc.gov/diabetes/ndep>, order them online from <http://www.ndep.nih.gov>, or order them by phone by calling 1-800-438-5383.

Where do I go for more information?

Refer to the References and Resources section at the back of this discussion guide.

Session One
Overview: *The Debilitator*

1

Session One**Overview: *The Debilitator***

The NDEP strongly encourages inviting a medical person (health care provider or certified diabetes educator) to participate in any sessions that you conduct to provide support for the discussion and to answer any specific medical questions that may arise.

This module for the overview session focuses largely on reinforcing some facts about diabetes and on probing emotions evoked by viewing the film *The Debilitator*. This module is a good choice if you are working with a group on a one-time basis and the participants don't know each other. It also works well as the first session in a series of sessions over weeks or months with the same participants.

For your convenience, this first session is heavily scripted; it contains detailed notes on what you can say to the group to facilitate discussion. Feel free to use either this script or your own words to lead the discussion.

Background

Diabetes is the sixth leading cause of death in the United States. Diabetes is also a major contributor to heart disease, which is the nation's number one cause of death. Diabetes and its complications disproportionately affect African Americans. The more that people understand about diabetes, how it causes complications, and what they can do to control and prevent it, the better equipped they will be to take action. The film *The Debilitator* can be used to raise awareness of diabetes, to educate viewers about the link between diabetes and heart disease, and to direct viewers to action steps that they can take to control and prevent diabetes. Diabetes can be a "debilitator" because it can wear down (or debilitate) a person's energy and well-being, but as Calvin Dixon shows, this does not have to happen. A person can take charge and control diabetes.

Objectives

1. To describe the actions that a person can take to control type 2 diabetes.
2. To discuss the role of the family in supporting a person with diabetes.



Time needed for the session: a minimum of 60 minutes (including 30 minutes for watching the film).

Materials

For instructions on borrowing *The Debilitator* film, see page 4 of this guide.

The handout *4 Steps to Control Your Diabetes for Life* can be found behind the Handouts tab at the end of this guide. This handout is also available in Spanish at http://ndep.nih.gov/diabetes/pubs/4_Steps_Spanish.pdf.

- DVD of the film *The Debilitator*.
- DVD player/TV monitor.
- Handout: NDEP brochure *4 Steps to Control Your Diabetes for Life* (at least one copy for each participant). Use the *NDEP Publications Order Form* at the end of this guide to order this handout and other NDEP materials referenced in this guide by fax or mail, or go to the Web site <http://www.ndep.nih.gov> to order online or to download the materials.
- Optional: Flipchart or blackboard for writing down key words from discussion.

Method

Conduct a facilitated discussion (group discussion with a leader asking stimulation questions).

Introduction

1. **Say:** Hello. I'd like to welcome you all here today for our group discussion on the effects of diabetes on people with the disease, their families, and their friends. Before we get started, I'd like to ask you a few questions. *[Request that participants raise their hand in response to your questions.]* How many of you either have diabetes or have someone in your immediate family with diabetes? Okay, keep your hands

raised. How many of you others have a close friend or coworker with diabetes? *[Most of the group should have their hands raised. Instruct everyone to look around the room at the number of people affected by diabetes.]*

Wow, it's amazing to see how many people are affected by diabetes. According to the Centers for Disease Control and Prevention (CDC), there are one million new cases of diabetes in the United States each year. I want you all to think about this fact for a minute. This disease is very serious and has complications that can cause heart disease, blindness, impotence, and many more health conditions. But before we go more deeply into our discussion of diabetes, let's introduce ourselves. My name is _____, and I'll be facilitating our discussion today. I'm glad that you are here to share your story and learn more about diabetes. *[Ask participants to introduce themselves.]*

Now, let's get back to this discussion. Some people don't realize how serious diabetes is. Did you know that diabetes is the sixth leading cause of death in the United States, and that there is a strong link between diabetes and heart disease? In fact, more people with diabetes die of heart disease than of any other cause. We have to do something to help educate each other about how to prevent and control diabetes.



2. **Say:** We're going to watch a 30-minute film called *The Debilitator*. It's about an African American man and his life with diabetes. After we watch the film, we'll have a short discussion. Your comments are all very important, so I ask that we please respect each other and our time here by speaking one at a time. The discussion should last about _____ minutes or so. *[Let the group know how much time you have allotted for discussion—usually 30 to 60 minutes.]*

Optional if your organization has the resources:

Say: After the film and discussion, you'll receive a small token of our appreciation for your participation and your willingness to learn about diabetes.

3. **Ask the group:** Are there any questions at this point? If not, let's get started. You may want to take notes as you watch the film.

Optional if your organization has the resources:

Say: Refreshments are on the table, so please help yourselves. *[Make sure that only healthful snacks are served.]*



DVD

Show the Film

After-Film Discussion

[When the film is over, look out at the participants to see if any are eager to speak. If so, let them comment on the film. If not, move on to the first question.]

1. **Say:** Wow. That was a powerful film. It had a lot of key messages for Calvin and his family. Tell me how this film made you feel and why. *[In all cases, wait for open, voluntary responses; call on people who look as if they have something to say. When necessary, probe for the following emotions: fear, sadness, and hope. Allow each participant about 3 minutes to express his or her feelings and then move to the next person.]*
2. **Ask:** What role did the family members play in the life of this man with diabetes? How important were the family members to Calvin's survival? *[Probe your audience by giving a few lead-in examples of the family's role; for instance, the mother's choice of what to cook for dinner, the children exercising with their father, and the family making sure that Calvin takes his medications regularly.]*
3. **Ask:** Can you relate to this family? In what ways? *[Discuss relationships within families, and ask members of the group to share their personal stories relating to a family member or close friend.]*
4. **Ask:** If you had been in Calvin's shoes, how many of you would have actually listened to the doctor and gone to the diabetes support group meeting? *[If you need to probe for comments, call on different people in the group.]*

5. **Ask:** Does anyone have any suggestions on how to help someone in your family who is living with diabetes?

[Don't ask more than five questions about the movie. If your group is having a good discussion not related to the questions above, feel free to go with the flow—just as long as the comments contribute to the understanding of diabetes.]

6. **Say:** Now let's get to the fun part of the session. Let's do some role playing.
7. **Ask:** Could I have two volunteers—one man and one woman? *[You may need to select two people if no one volunteers.]* I want you two to pretend that you are Calvin and his wife. Calvin wants to eat some cake for dessert, but his wife is reluctant because she is worried about his health. *[Allow the volunteers to act out this scene in their own way. Offer to give them 5 minutes to prepare if desired. Tell them that they have 5 minutes to perform the role-playing scene.]*
8. **Say** *[at the end of the act]*: That was great. Thanks! Does anyone have any comments or questions about the skit?

Make sure that the following points are brought out in the discussion:

- Nagging or fear tactics are usually not helpful.
- Nagging, anger, and fear may push people further away emotionally.
- Emotional support and understanding are needed for behavior change.

[If needed, ask for two more volunteers to role-play a scene without using fear tactics, anger, or nagging.]

9. **Say:** We're getting close to the end of the session now. We're almost finished. I just have one more question for you.

10. **Ask:** Are there things that you'll do differently in your own life or your family's life now that you have watched this film and have attended this discussion?

Conclusion

Say: We want to thank each of you for participating in our group discussion. The information that we have shared is of enormous value to you and your lives. Please go out and spread the message of diabetes control and prevention. Does anybody have any questions before we wrap up? *[Answer questions briefly.]* Then we thank you *[optional: "and would like to give you a small gift as a thank you for your time spent with us this evening"]*.



[Healthful incentive gifts might include water bottles, pedometers, healthful snacks, or other healthful-behavior reminders from your organization (e.g., a refrigerator magnet reminder).]



Homework Exercise

Distribute the NDEP brochure *4 Steps to Control Your Diabetes for Life* as take-home reading, and ask participants to discuss the brochure's contents with family members and friends.

Session Two

What's Going On in the Family?

2

Session Two**What's Going On in the Family?**

The NDEP strongly encourages inviting a medical person (health care provider or certified diabetes educator) to participate in any sessions that you conduct to provide support for the discussion and to answer any specific medical questions that may arise.

Background

Poorly controlled diabetes can result in devastating complications, such as stroke, heart attack, amputation, kidney disease, blindness, and death. After a death from diabetes, surviving family members can experience many emotions that can be either punishing or empowering. Facing these emotions is an important part of the grieving process that enables people to move on to positive action. Coping with diabetes complications (e.g., amputation, blindness, or kidney failure) also involves a grieving process that is important in accepting the challenge of living with diabetes.

Objectives

1. To identify some of the emotions that family members may experience when a loved one has diabetes.
2. To identify ways that family members can help or hurt themselves in coping with complications of diabetes or a death in the family from diabetes.



Time needed for discussion: 45 to 60 minutes.

Materials

- DVD of the film *The Debilitator*.
- DVD player/TV monitor.

For instructions on borrowing *The Debilitator* film, see page 4 of this guide.

- Optional: Flipchart or blackboard for writing down key words from discussion.
- The Troubleshooting section of this guide *[for your review before leading this session]*.

Method

- Conduct a facilitated discussion (group discussion with a leader asking stimulation questions).
- Play the film, or select scenes from the film as needed.



DVD

Tell the group: Think about the funeral scene in the film *The Debilitator*. *[You may wish to replay that scene in the film to refresh participants' memories.]*

Consider using the following questions to guide the discussion:

1. **Ask the group:** How do you think Calvin's daughter Latosha feels? How do you think his son Bobby feels? How does Calvin's wife Monica feel?



Make sure that the following points are brought out in the discussion:

- Survivor guilt. Sometimes people feel guilty that they couldn't do more for the person before he or she died, and they blame themselves in a way that is not constructive.
 - Anger. This is a normal emotion that may evoke the question "Why did he leave us?"
 - Worry about financial issues.
 - Blaming the victim. This blame may lead to statements such as "He knew he wasn't taking care of himself."
2. **Ask the group:** Is there any way to turn these emotions into positive actions?



Make sure that the following points are brought out in the discussion:

- Sometimes it takes a tragedy to wake us up to the need to make changes.
- You can turn anger into action. Anger can give rise to positive resolutions, such as “There’s no way I am going to let this happen again!”
- Blaming the victim is never useful. People who develop diabetes are not “bad,” and it is not helpful to look at them and their behavior as “being good” or “being bad.” What is helpful is learning to problem-solve.
- Children may be more likely to verbalize accusatory statements such as “Why did you go and leave me?” but adults often feel this way, too. Blaming others and feeling guilty are not helpful and often prevent people from going on to more positive action.
- Just talking honestly about emotions helps. Once people have had a chance to talk about their pain and fears, they can move on to finding solutions.



3. **Ask the group:** Are any of you willing to share a story of how diabetes affected your family, and how you dealt with the emotions that arose? *[Be prepared for participants to express a lot of emotion here. Crying is OK, and it can be important in the healing process. You may want to read the Troubleshooting section in this guide before leading this discussion.]*
4. **Ask the group:** Does anybody have any suggestions about what family members can do to cope with grief when a loved one dies of diabetes?



Make sure that the following points are brought out in the discussion:

- Seek help if you are grieving. Go to a counselor, talk to your spiritual advisor or religious leader, or ask your local hospice organization for suggestions.

- Share your grief with loved ones. Don't be afraid to open up and talk.

5. **Ask the group:** Does anybody have any suggestions about what family members can do to cope when a loved one develops a serious complication from diabetes?



Make sure that the following points are brought out in the discussion:

- Accompany the person with diabetes to his or her doctor's appointments so that you can learn more.
- Ask for a referral to a physical therapist, occupational therapist, or mental health counselor to help you and your family member deal with the physical and mental stress of a diabetes complication.
- Go to a diabetes support group on your own, or with the person who has diabetes.

Resources



Share with the group the resources listed in the References and Resources section at the end of this discussion guide. Consider making photocopies of the materials in that section as handouts for each participant.

Session Three

Be Smart About Your Heart

Know Your ABCs

3

Session Three**Be Smart About Your Heart:
Know Your ABCs**

The NDEP strongly encourages inviting a medical person (health care provider or certified diabetes educator) to participate in any sessions that you conduct to provide support for the discussion and to answer any specific medical questions that may arise.

Background

Heart disease and stroke kill two-thirds of people with diabetes. Blood sugar (blood glucose) control is very important for preventing these complications and others, but so are blood pressure and cholesterol control.

Objectives

1. To identify some of the signs and symptoms of heart disease.
2. To name the ABCs of diabetes.
3. To discuss why control of the ABCs of diabetes is important.
4. To identify some practical day-to-day actions that people with diabetes can take to control the ABCs.

Time needed for discussion: 45 to 60 minutes.



For instructions on borrowing *The Debilitator* film, see page 4 of this guide.

The handout *Be Smart About Your Heart. Control the ABCs of Diabetes: A1C, Blood Pressure, and Cholesterol* can be found behind the Handouts tab at the end of this guide. This handout is also available in Spanish at <http://www.dhss.mo.gov/diabetes/SpanishABCbrochure.pdf>.

Materials

- DVD of the film *The Debilitator*.
- DVD player/TV monitor.
- Handout: NDEP brochure *Be Smart About Your Heart. Control the ABCs of Diabetes: A1C, Blood Pressure, and Cholesterol* (at least one copy for each participant).

Order the brochure by fax or mail using the *NDEP Publications Order Form* at the end of this guide, order the brochure online from <http://www.ndep.nih.gov>, or download it for photocopying from http://ndep.nih.gov/diabetes/pubs/ControlABC_broch_Eng.pdf.

- Optional: Flipchart or blackboard for writing down key words from discussion.

Method

- Conduct a facilitated discussion (group discussion with a leader asking stimulation questions).
- Play the film, or select scenes from the film as needed.



Make sure to cover these important points during the session:

- The number one cause of death among people with diabetes is heart disease.
- The ABCs of diabetes are **A1C**, **B**lood pressure, and **C**holesterol.
- A1C (formerly known as hemoglobin A1C) measures average blood sugar (blood glucose) control over the past 3 months. The goal for a person with diabetes is to have an A1C level of less than 7.0.
- Controlling blood pressure is also very important in people with diabetes. High blood pressure increases the work that the heart must do to push the blood through the body, and it can lead to heart attack, stroke, and eye and kidney disease. The goal for blood pressure for someone with diabetes is less than 130/80.
- Cholesterol is a fat that clogs up the arteries and makes it harder for blood to flow through them. A high level of LDL cholesterol (the “bad” cholesterol) increases the risk of a heart attack, a stroke, and circulation problems. The goal for LDL cholesterol for someone with diabetes is less than 100. For people with multiple risk factors (for example, diabetes, high

blood pressure, and tobacco use), the goal for LDL cholesterol is less than 70.



DVD

1. **Tell the group:** Think back to the funeral scene in the film. *[You may want to replay that scene in the film to refresh participants' memories.]*

Consider using the following questions to encourage discussion of the important points for this session:

- Were you surprised that Calvin dies of a heart attack in his dream? Were you aware of the link between diabetes and heart disease?
- Why do you think that people with diabetes are more likely than people without diabetes to have heart disease and stroke?



DVD

2. **Tell the group:** Think now about the scene in which Calvin tells his daughter, "I'll be all right....I'll mow the lawn later and that will be my exercise, and that will bring my blood sugar down." *[You may want to replay that scene in the film.]*

Consider using the following questions for discussion:

- **Ask:** What do you think, or how do you feel, about the fact that (in his dream) Calvin dies of a heart attack while mowing the lawn?

Potential reactions include:

- What was his family supposed to do? He went out to exercise, and he dropped dead!
- I thought that he was dying of heat stroke because he was sweating.
- This scene is proof that exercise is dangerous. I don't want to die while getting exercise. Wasn't there a famous exercise guy who died while running?
- **Say:** So there may be some mixed messages in this scene about exercise. Did Calvin have early warning signs that he might be having trouble with his heart?



Make sure that the following points are brought out in the discussion:

- Swelling in the feet and trouble breathing when lying flat in bed can be signs of heart trouble.
- Even if no symptoms occur, high blood sugar and high blood pressure by themselves are risk factors for heart attack and stroke.

3. **Ask:** Now that we know about these early warning signs, does anyone have any suggestions about what Calvin could have done to avoid having a heart attack while mowing the lawn?



Make sure that the following points are brought out in the discussion:

- He could have talked to his doctor about how to start increasing his physical activity safely.
 - He could have talked to his doctor about how to get his blood sugar and his blood pressure under control before exercising heavily.
 - He could have asked his doctor about his swollen feet and his shortness of breath.
 - He could have talked to his doctor about other actions to take to protect his heart (for example, taking baby aspirin, or giving up tobacco if he smokes or chews).
 - He could have talked to his doctor about whether he needed an exercise treadmill test or other tests of his heart's function.
 - He could have learned the early warning signs of a heart attack.
4. **Ask:** Can anybody name some benefits of getting regular physical activity, especially for people with diabetes?



Make sure that the discussion brings out the fact that physical activity can

- Lower your blood sugar.
- Lower your blood pressure.
- Reduce stress.
- Help you sleep better.

5. **Say:** So, with all these benefits of increased physical activity, why did Calvin die while mowing the lawn in his dream?



Make sure that the following points are brought out in the discussion:

- His blood sugar and blood pressure may have been too high at the time because he was not taking his medication, not eating right, or not taking care of himself in general.
- He started strenuous physical activity abruptly, and it was too much for him.
- He may not have recognized, or he may have been ignoring, early warning signs of a heart attack (chest pressure, nausea, shortness of breath, dizziness, sweating).



DVD

6. **Tell the group:** Now I'd like you to think now about the scene with Calvin and Dr. Goodson. *[You may want to replay that scene in the film.]*

Consider using the following questions for discussion:

- **Ask:** Can anybody remember the points that Dr. Goodson made about how to take care of your diabetes?



Make sure that the following points are brought out in the discussion:

- Control your blood sugar.
- Get regular check-ups from your doctor.

- Take medicines as directed.
- Eat healthful meals.
- Get regular physical activity.
- **Ask:** Can anyone tell me what A1C means? *[A1C measures average blood sugar (blood glucose) over the past 3 months.]* Do you remember how Dr. Goodson and Calvin Dixon described A1C? *[It is like a batting average.]* Can anyone tell me what the A1C goal is for a person with diabetes? *[The A1C goal is less than 7.0.]*



Classroom Exercise

1. **Say:** Checking your blood sugar with a fingerstick tells you what your blood sugar is at that moment. When you check your own blood sugar at home with a glucose monitor, that gives you a snapshot of what your blood sugar is at the moment. But you want to know the bigger picture, not just a snapshot. The A1C measurement can tell you the 3-month average of all those ups and downs.
2. **Ask:** Can anyone tell me what your average blood sugar is if your A1C is 7.0?



Make sure that the following points are brought out in the discussion:

- An A1C of 7.0 corresponds to an average blood sugar of 150 over the past 3 months.
 - This does not mean that the goal for a fasting blood sugar level (first thing in the morning before you eat) is 150.
 - It is best to start the day with a fasting blood sugar of 80 to 120.
3. **Say:** The film didn't give much information about blood pressure and cholesterol. Does anyone know what the ABCs of diabetes are? *[It's OK to drop hints if no one comes up with the answer right away.]*



Make sure that the following points are brought out in the discussion:

- **A** = A1C.
 - **B** = Blood pressure.
 - **C** = Cholesterol.
4. **Say:** We just talked about the goal for A1C. What was that goal again? *[Less than 7.0.]*
 5. **Ask:** Does anyone know what the goals are for blood pressure and LDL cholesterol for someone with diabetes?



Make sure that the following points are brought out in the discussion:

- The goal for blood pressure is less than 130/80.
 - The goal for LDL cholesterol is less than 100.
6. **Ask:** Can anyone name some actions that you can take to reach your ABCs?



Make sure that the following points are brought out in the discussion:

- Take the medicines prescribed by your doctor.
- Eat less fat (lard, butter, fatty meats, grease, fried foods).
- Eat less salt.
- Be physically active.
- Lose some weight.
- Eat more fresh fruits and vegetables.



The handout *If You Have Diabetes, Know Your Blood Sugar Numbers* can be found behind the Handouts tab at the end of this guide.

Distribute and Review Handout

Distribute the NDEP brochures *If You Have Diabetes, Know Your Blood Sugar Numbers* and *Be Smart About Your Heart. Control the ABCs of Diabetes: A1C, Blood Pressure, and Cholesterol* to each participant. Tell the participants to take the brochure home and discuss its contents with family members and friends.

Session Four
Every Day is a New Beginning

4

Session Four**Every Day Is a New Beginning**

The NDEP strongly encourages inviting a medical person (health care provider or certified diabetes educator) to participate in any sessions that you conduct to provide support for the discussion and to answer any specific medical questions that may arise.

Background

Learning to live with diabetes is not easy. Managing diabetes means making changes in eating habits, probably increasing physical activity, possibly taking medications, and dealing with the emotions that may arise from living with a chronic disease. Behavior change does not happen overnight. A person usually goes through many emotional stages in accepting and making diabetes-related changes. Family and social support is very important in making these transitions smoothly.

Objectives

1. To discuss some of the emotional barriers to making a behavior change.
2. To identify ways in which family members can help a person with diabetes make healthy lifestyle changes and to identify actions that family members should avoid because they may discourage a person from making these behavior changes.
3. To discuss the emotional stages of change that a person may go through when confronting a chronic illness or serious life event.



Time needed for discussion: 45 to 60 minutes.

For instructions on borrowing *The Debilitator* film, see page 4 of this guide.

The handout *Emotional Stages of Change* can be found at the end of this session (after page 38).

Materials

- DVD of the film *The Debilitator*.
- DVD player/TV monitor.
- Handout: *Emotional Stages of Change* (included in this discussion guide kit; make at least one copy for each participant).
- Optional: Flipchart or blackboard for writing down key words from discussion.

Method

- Conduct a facilitated discussion (group discussion with a leader asking stimulation questions).
- Play the film, or select scenes from the film as needed.



Make sure to cover these important points during this session:

- Many people go through several emotional stages before they can learn to live healthfully with diabetes. Most people, at some time, go through these general stages:
 - Denial.
 - Depression.
 - Anger.
 - Bargaining.
 - Acceptance.
- People don't always go through the stages in this order. They may experience them in a different sequence, or they may waver back and forth between emotions. Also, they may experience different emotional stages for different reasons; for example, they may accept that they need to walk more but may be angry about glucose monitoring or in denial about preventing complications.

- **Family interactions** can help or hurt a person experiencing these emotional stages. Role playing and discussion are important ways to learn what is helpful and what is not. Interactions may be hurtful if they are not based on an understanding of the challenges that a person faces in dealing with diabetes. It is a normal human reaction to push back when someone is nagging you, yelling at you, or being sarcastic toward you. Helpful interactions are based on accepting that living with diabetes is hard. These helpful interactions may include gentle reminders, but they may also involve looking for ways to identify barriers, assisting in finding solutions, and offering motivation and support for making behavior changes.
- **Emotions** such as fear, anxiety, sense of loss, grief, and anger all present barriers to making healthy lifestyle changes and performing daily self-care tasks necessary for controlling diabetes. For a person with diabetes, or for his or her family and friends, expressing these emotions is not “giving in” to diabetes. It is a healthy step towards dealing with these emotions so that one can move on to a course of action. An emotion that is stuck in a person’s heart or head could be absorbing a lot of energy that could be channeled into taking control of diabetes.



DVD

1. **Tell the group:** Think about the scene in Calvin Dixon’s dream in which Calvin’s daughter Latosha confronts him while he is watching TV in the living room. *[You may want to replay the scene to refresh participants’ memories.]*
2. **Ask:** Does anyone have any general comments about this scene? *[If so, lead off the discussion with those points. If not, proceed to the first discussion question below.]*
3. **Ask:** What emotions do you think Calvin is experiencing? What emotions do you think Latosha is experiencing?



Make sure that the discussion brings out the following points:

- Denial. Calvin is ignoring his symptoms: his feet are swelling up, he is short of breath, he is not checking his blood sugar, and he is not paying attention to what he eats.
 - Depression. This emotion is not obvious in this scene, but it might be playing a part in Calvin's choice of food. Many people use food to try to cope with depression.
 - Anger. Both Latosha and her father are showing some anger about the situation.
 - Bargaining. Calvin says, "I'll be all right...I'll mow the lawn later and that will be my exercise..."
4. **Ask:** Does anyone have any suggestions for handling these emotions? What could Latosha say to help her father? What could Calvin do to deal with these emotions?



Make sure that the discussion covers the following points:

- In dealing with all of these emotions, nagging or yelling is usually NOT helpful and can push a person away. What can be helpful are gentle reminders, assisting with problem solving, and offering motivation and support for making behavior changes.
- For denial, avoid arguing. Make a factual statement about how diabetes can affect a person's health, and then state that the final decision about making changes lies with the person with diabetes. Tell the person that you know that he or she can make these changes. It is good to let the person know that you are concerned and that you want to know how you can help. It is OK to offer reading materials for him or her to consider reading later.
- For depression, ask the person to identify barriers to overcoming this emotion, and help him or her brainstorm about solutions.

- Be on the lookout for lack of self-confidence (“I don’t know how...” or “I can’t do...”). Ask the person to identify what he or she CAN do.
- Be on the lookout for lack of social support (“No one understands...” “I’m the only one who can do...”). Ask the person if he or she can think of one person to turn to for help.
- Sometimes guilt or fear of failure is a sign of depression (“I can’t face the doctor if my blood sugar is high again.” “It’s no use. Every time I try, I mess up.”).
- For anger, you need to “defuse” the situation. Yelling back at the person doesn’t help. Letting the person know why you are worried does. Point out the methods that seemed to work in the past, and ask what you can do to help the person get back on track. Don’t tell the person what to do—remember that Calvin needed to make his own decision—but ask what he or she has tried before, what worked, and how you can be supportive. Encourage the person to name barriers out loud, and then ask if you can help him or her make a plan to overcome them.
 - The person may say, “I can’t go for a walk. Who’s going to stay home with Bobby?”
 - You may then reply, “Well, we all think that going for a walk would be better for you right now, and we want to help. Why don’t we all go for a walk together?” or, “Can you think of someone else who can stay with Bobby?”

It is OK to make suggestions, but it is usually best simply to help the person come up with his or her own solutions to overcoming barriers.

- For bargaining, coax the person into reality if what he or she proposes doesn’t sound like a good idea. Again, don’t TELL the person what to do—ASK.

- You may say something like, “I can’t help but be a little worried. Can we call Dr. XXX to make an appointment about your foot swelling?”
 - Talk about the positive aspects of making changes. You may say, “Your feet will feel better if we can do something about that swelling.”
 - Correct the person’s misperceptions, such as: “I don’t want to bother the doctor.” You might reply, “You’re not bothering the doctor. The doctor wants to know what’s going on with you.”
5. **Ask:** Would anybody like to volunteer to do some role playing? I’d like you to recreate the scene between Calvin and his daughter, except this time act as though each character is very angry. For example, imagine that Calvin says, “Leave me alone. I don’t need my children telling me what I can and can’t do! My breathing is none of your business!” See if Latosha can “defuse” the situation. *[Ask for suggestions from the group. Then have volunteers recreate the scene using these suggestions.]*
6. **Say:** In this same scene in the film, Calvin and Latosha also talk about his not taking his medicine. What are some reasons that people don’t take their medicines?

Reasons may include:

- Lack of understanding of what the medicine is for, and why it is important to take it.
- Fear of side effects.
- Actual experience of side effects.
- High cost of the medicine.
- Denial, depression, anger, and bargaining emotions previously discussed.
- Inconvenience of refilling the prescription for the medicine.

- Inconvenience of needing to see the doctor for a refill.
7. **Ask:** Does anyone have any suggestions for what actions people with diabetes can take so that their medicines will work better for them?

Suggestions may include:

- Bring a written list of questions about the medicines to the doctor.
 - Talk to the pharmacist about the medicines.
 - Be honest with the doctor and the pharmacist about fears, concerns, and side effects related to the medicines.
 - Tell the doctor and the pharmacist about any problems with the cost of the medicines. Maybe they can help with getting the medicine less expensively or switching to another medicine.
8. **Tell the group:** These same issues apply to overcoming barriers to changing diet and physical activity behaviors. Getting support from family and friends, discussing these barriers with medical professionals, and learning ways to make healthy lifestyle changes are important, just as taking medicines is important.



Optional Classroom Activity

Consider trying another role play about Calvin and his medication. Ask volunteers to play Calvin making a list of his questions and concerns for the doctor and the pharmacist and practicing what he will say to each of them.



Homework Exercise

Give out copies of the handout *Emotional Stages of Change*. If there is time in the session, you may want to read some statements from the brochure aloud. Ask participants to look at the brochure at home, discuss it with family or friends, and come up with a few statements of their own for each emotional stage of change. Participants may also be interested in the NDEP brochure “Tips for Helping a Person with Diabetes,” available from http://www.ndep.nih.gov/diabetes/pubs/TipsHelping_Eng.pdf

The handout *Tips for Helping a Person with Diabetes* can be found behind the Handouts tab at the end of this guide.



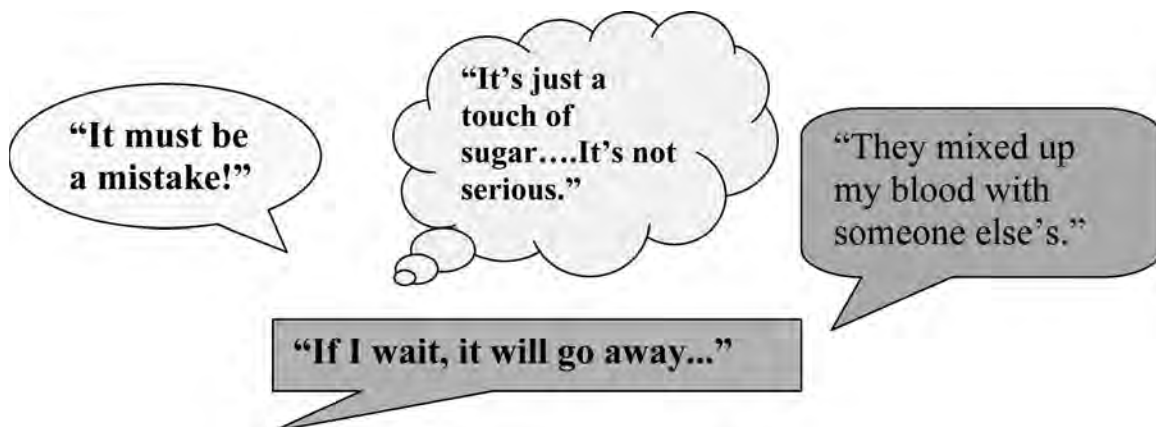
Handout for Session Four

Emotional Stages of Change

People don't accept a diagnosis of diabetes overnight. Being told that you have diabetes is a frightening experience. Many people close their ears and cannot hear anything about diabetes until they have worked through their emotions.

Adjusting to the diagnosis of diabetes can be like riding an emotional roller coaster. People with diabetes have ups and downs not only in blood sugar but in mood, and they can go back and forth between several emotional stages before they finally reach an acceptance of their diabetes. These stages include denial, anger, bargaining, depression, and finally acceptance. Each stage is described below.

Denial. The person refuses to believe that he or she could have diabetes, or refuses to accept that it is a serious condition that requires making some changes.



Can you think of other things that people in denial might say?



Depression. Feeling hopeless, helpless, worthless, and guilty is all part of depression. Depression can also express itself as self-hatred. The symptoms of depression sometimes can be subtle and hard to recognize. Not everyone with depression cries all the time or acts irrationally. Some people overeat or turn to alcohol or drugs to try to deal with depression. People experiencing depression may even kill themselves in a way by ignoring their health problems and slowly allowing themselves to die. Depression can lead to a worsening of diabetes if people become unable to make decisions or to take care of their diabetes.

*"I'm so stupid—
I can't deal with
this diabetes!"*

"God is
punishing
me....I
deserve this."

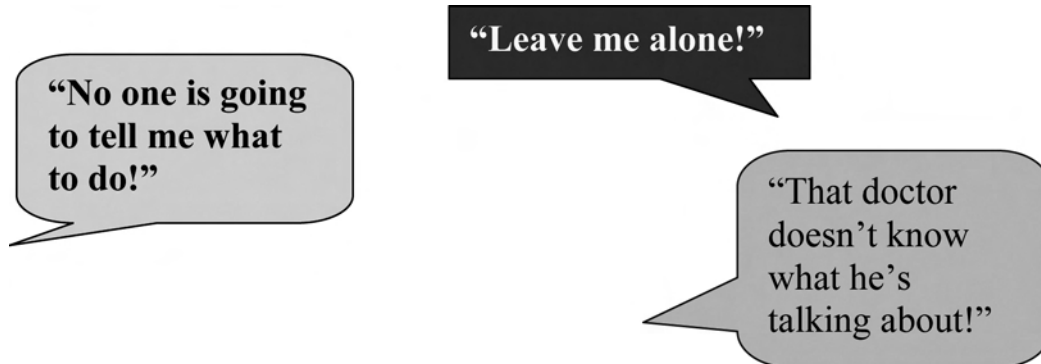
"Nothing I do
makes any
difference."

"Why go to the
doctor? He can't
do anything!"

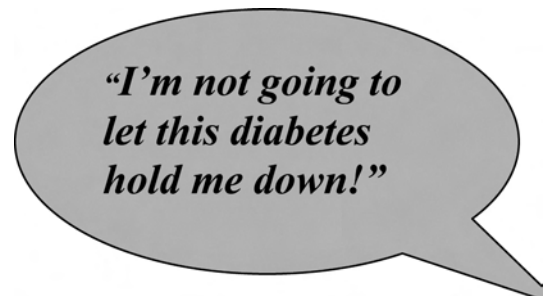
Can you think of other things that people experiencing the emotional stage of depression might say?



Anger. Life is not fair, but dealing with this fact by becoming angry is usually not helpful. Anger often leads to blaming, striking out, and actions that further isolate a person from his or her support system: family, friends, and doctors. Some people learn to harness their anger and turn it into action. Statements such as “I’m not going to let this diabetes hold me down!” can be a very positive direction in which to channel anger.



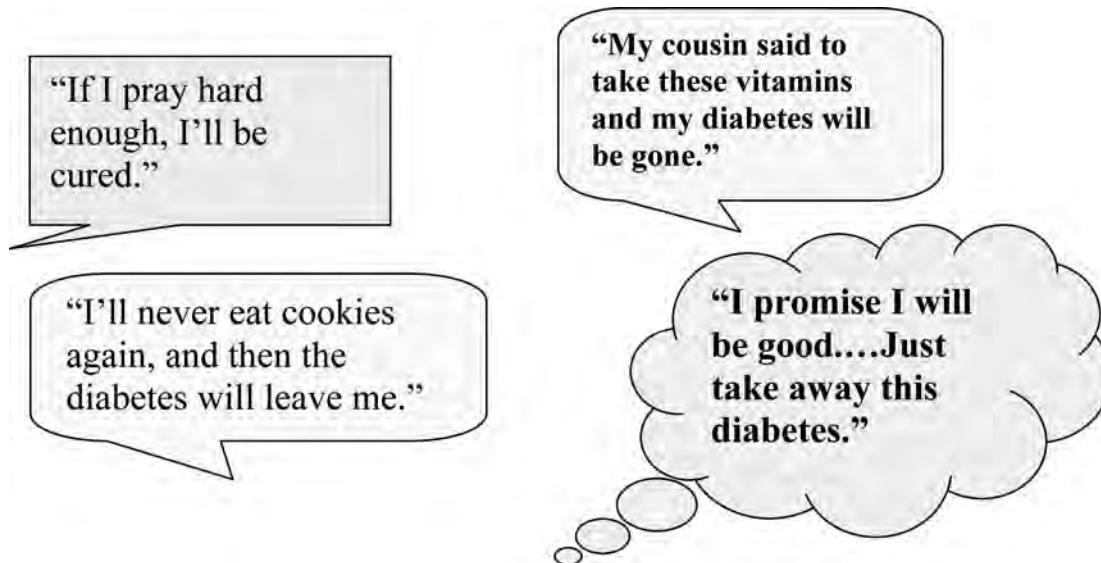
Or, learn to harness anger and turn it into action:



Can you think of other things that people experiencing the emotional stage of anger might say?



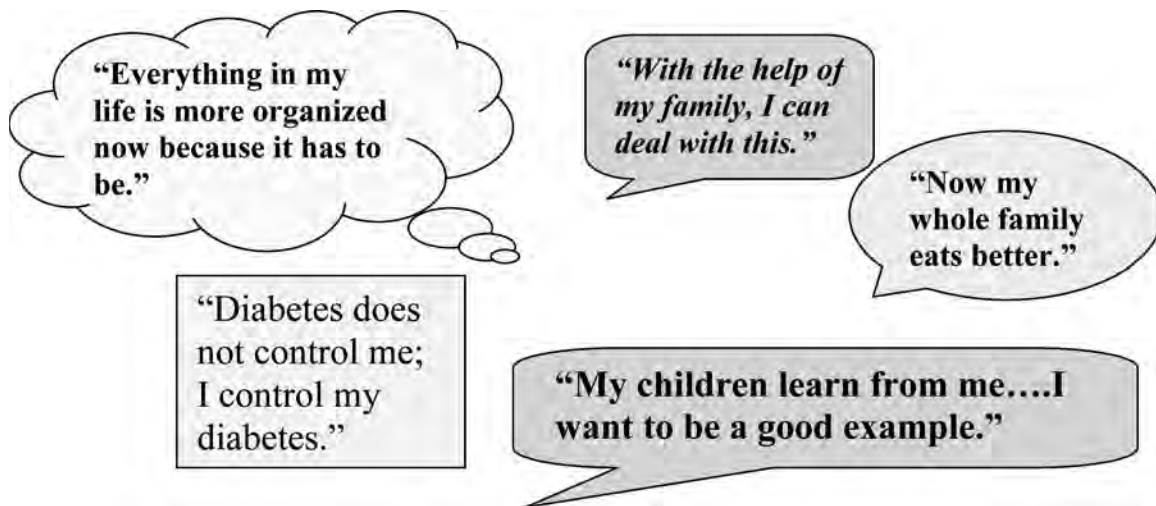
Bargaining. Trying to make a deal with oneself, or with fate, is a normal human reaction to bad news. But sometimes it leads to unrealistic thoughts, such as, "I promise I won't yell at my daughter anymore...then this diabetes will go away." "If I pray hard enough, I'll be cured."



Can you think of other things that people experiencing the emotional stage of bargaining might say?



Acceptance. A final emotional stage is accepting the diagnosis of diabetes and the changes a person must make in life to keep diabetes under control. Acceptance doesn't necessarily mean that a person is happy with the diagnosis, but learning to live with diabetes can be a source of inner personal strength. A person may reach this stage in general, but then may slip back into another stage if a new complication or problem related to diabetes occurs, or if life becomes more stressful in other ways.



What else might a person in the emotional stage of acceptance say?

Session Five

**Diabetes Detection: Could I Have
Diabetes Right Now and
Not Know It?**

5

Session Five**Diabetes Detection: Could I Have Diabetes Right Now... and Not Know It?**

The NDEP strongly encourages inviting a medical person (health care provider or certified diabetes educator) to participate in any sessions that you conduct to provide support for the discussion and to answer any specific medical questions that may arise.

Background

Approximately 18.2 million people in the United States have diabetes, and about one-third of them don't even know that they have it. Diabetes may go unrecognized for many years because the person with diabetes either experiences no symptoms, doesn't tell his or her doctor about the symptoms, or thinks that the symptoms are from something else (such as getting older or feeling stressed).

Objectives

1. To discuss how diabetes can damage the body silently when a person does not know he or she has it.
2. To use the Diabetes Detection Initiative Risk Test to determine whether one is at increased risk.
3. To describe the symptoms of diabetes.



Time needed for discussion: 30 to 45 minutes.

For instructions on borrowing *The Debilitator* film, see page 4 of this guide.

The handout *Diabetes Detection Initiative Risk Test* can be found at the end of this session (after page 44).

Materials

- DVD of the film *The Debilitator*.
- DVD player/TV monitor.
- Handout: *Diabetes Detection Initiative Risk Test* included in this discussion guide kit; make at least one copy for each participant. The brochure may also be downloaded from <http://www.ndep.nih.gov/ddi/resources/risktest.pdf>.
- Optional: Flipchart or blackboard for writing down key words from discussion.

Method

- Conduct a facilitated discussion (group discussion with a leader asking stimulation questions).
 - Play the film, or select scenes from the film as needed.
1. **Tell the group:** I'd like you to think about how Calvin was diagnosed with diabetes.
 2. **Ask:** When was he first told that he had diabetes?



Make sure that the discussion covers the following points:

- He was told one year earlier by another doctor but then never went back to that doctor.
- He had been given medicines and a blood glucose machine but had never used them



DVD

3. **Tell the group:** Think back to the doctor's office scene in the film. *[You may consider replaying this scene to refresh participants' memories.]*
4. **Ask:** How did Calvin respond when Dr. Goodson asked him if he had ever been told that he had diabetes?



Make sure that the discussion brings out these three things that Calvin said or asked:

- “I didn’t believe it, so I never went back.” (He just didn’t believe it.)
- “Isn’t diabetes just what we call sugar?” (He didn’t take the diagnosis seriously.)
- “Am I dying?” (Now he is really worried because the diabetes has gone on for so long.)

5. **Ask:** What did Calvin tell his family after that first doctor’s appointment? Did he tell them later that the first doctor had told him that he had diabetes?



Make sure that the discussion brings out the following points:

- Calvin’s wife first learns that Calvin has diabetes when she sees his medicines from Dr. Goodson’s office. He didn’t share much information with her from his appointment with the first doctor a year earlier.
- Calvin’s daughter asked, “Didn’t you have a blood glucose test a few months ago?” but it appeared that she thought that the results at that time were normal.

Note: In the dream, Calvin’s daughter seems to know that Calvin has diabetes, but later during the dinner conversation, it appears that the diagnosis is news to all of the family. Don’t get stuck on this point if participants express confusion about it. Suggest that dreams don’t show exactly what is happening in real life but instead show what is in a person’s subconscious—what a person is afraid of or worried about, or simply what’s on the person’s mind.

6. **Ask the group:** Can you see this same thing happening in your family? If you found out that you had diabetes, would you tell your family? Why or why not?

Responses might include

- Yes, we are very open in my family, and we talk about medical problems.
- No, people in my family don't want to worry one another (or worry Mom, or one particular person in the family), so we don't talk about problems.
- Yes, I couldn't keep being on medication a secret from my family, and I wouldn't want to.
- No, I would be ashamed. Or I'd be afraid I'd get an "I told you so" lecture, or that I'd be a bad example for my kids if I let them know I had diabetes.
- Yes, I'd be afraid that if I had a low blood sugar reaction or some problem, they wouldn't know what to do unless I'd told them about my diabetes.
- No, everyone would be worried all the time about me, or nagging me, and that would drive me crazy.
- Others?

Brainstorming Activity

Explore with the group what could be done to turn those "No, I wouldn't tell them" answers into "Yes, I would want to talk to them about my diabetes" answers.

1. **Ask:** Does anyone remember what symptoms of diabetes Calvin is having?

Answers might include:

- Tired all the time.
- Going to the bathroom a lot (urinating a lot).

2. **Ask:** Can anyone name other symptoms of diabetes?

Answers might include:

- Blurred vision.
- Thirsty all the time.

- Vaginal yeast infections in women.
 - Others?
3. **Ask:** Are there other things that can cause these symptoms?

Answers might include:

- Yes, lots of things, such as depression, getting older, or infections.
4. **Ask:** Do you think that a person could have diabetes and have no symptoms at all? [*Answer: Diabetes can occur with no symptoms, or the symptoms can be attributed to other causes.*]

Answers might include:

- Yes, diabetes can “sneak up” on you slowly, so you don’t notice the changes.
- Yes, a lot of those symptoms don’t show up until your blood sugar is very high.
- No, don’t you think a person could feel it if his or her blood sugar was up?

Note: Some people insist that they can “just tell” what their blood sugar is without measuring it. There is no scientific proof of this assertion, but it is probably not worthwhile to argue with participants about this point during this session. The point of the session is that it is possible to have diabetes and not know it; it is possible to have no symptoms while diabetes is silently causing damage.



Classroom Exercise

Pass out copies of the *Diabetes Detection Initiative Risk Test*. Ask participants to spend 5 minutes taking the test and figuring out their scores.

1. **Ask the group:** Now that you have taken this risk test, are any of you willing to share your feelings about talking to your doctor about getting tested for diabetes?



Homework Exercise

Suggest that participants take their copy of the risk test home to discuss it with family and friends and to encourage those people to take the test themselves and figure out their scores.



DIABETES DETECTION INITIATIVE

DIABETES. YOU COULD BE AT RISK TAKE THE TEST—KNOW YOUR SCORE!

Diabetes means your blood sugar (glucose) is too high. How would you know? Are you often thirsty, hungry, or tired? Do you urinate often? Do you have sores that heal slowly, tingling in your feet, or blurry eyesight? Even without these signs, you could still have diabetes.

Diabetes is a serious disease. It can cause heart attack or stroke, blindness, kidney failure, or loss of feet or legs. But diabetes can be controlled. You can reduce or avoid these health problems. Take the first step. Find out if you are at high risk.

Know your risk of having diabetes now. Answer these quick questions. For each Yes answer, add the number of points listed. All No answers are 0 points.

Question	Yes	No
Are you a woman who has had a baby weighing more than 9 pounds at birth?	1	0
Do you have a sister or brother with diabetes?	1	0
Do you have a parent with diabetes?	1	0
Find your height on the chart. Do you weigh as much as or more than the weight listed for your height? (<i>See chart on back</i>)	5	0
Are you under 65 years old and get little or no exercise in a typical day?	5	0
Are you between 45 and 64 years old?	5	0
Are you 65 years old or older?	9	0
Add Your Score		

These questions are from the American Diabetes Association's on-line "Diabetes Risk Test" (<http://www.diabetes.org/info/risk/risktest.jsp>).



At Risk Weight Chart

Height	Weight (Pounds)	Height	Weight (Pounds)
4'10	129	5'8	177
4'11	133	5'9	182
5'0	138	5'10	188
5'1	143	5'11	193
5'2	147	6'0	199
5'3	152	6'1	204
5'4	157	6'2	210
5'5	162	6'3	216
5'6	167	6'4	221
5'7	172		

Know Your Score

If you scored . . .	then your risk is . . .
10 or more points	High for having diabetes now. Please bring this form to your health care provider soon. If you don't have insurance and can't afford a visit to your provider, contact your local health department.
3 to 9 points	Probably low for having diabetes now. Keep your risk low. If you're overweight, lose weight. Be active most days, and don't use tobacco. Eat low-fat meals with fruits, vegetables, and whole-grain foods. If you have high cholesterol or high blood pressure, talk to your health care provider about your risk for diabetes.

I Scored 10 or More

How Can I Get Tested for Diabetes?

If you have . . .	then do this . . .
Individual or group private health insurance	See your health care provider. If you don't have a provider, ask your insurance company about providers who take your insurance. Deductibles and co-pays will apply.
Medicaid	See your health care provider. If you don't have a provider, contact a state Medicaid office or contact your local health department.
Medicare	See your health care provider. Medicare will pay the cost if the provider has a reason for testing. If you don't have a provider, contact your local health department.
No insurance	Contact your local health department for more information about where you could be tested or call your local health clinic.

Session Six

**You Can Be Your Own Worst Enemy
Or Your Own Best Friend**

6

Session Six**You Can Be Your Own Worst Enemy...or Your Own Best Friend**

The NDEP strongly encourages inviting a medical person (health care provider or certified diabetes educator) to participate in any sessions that you conduct to provide support for the discussion and to answer any specific medical questions that may arise.

Background

Stress can bring out the worst or best in a person. Sometimes people actually punish themselves in stressful situations by doing things that are bad for their health or destructive to their self-esteem.

Objectives

1. To discuss ways in which Calvin shows behaviors and attitudes that work against him.
2. To describe ways in which Calvin acts as his own best friend to help him deal with stress.
3. To discuss how a person can be his or her own worst enemy or best friend.
4. To identify ways in which a person can break self-destructive habits and build positive ones.



Time needed for discussion: 45 to 60 minutes.

Materials

- DVD of the film *The Debilitator*.
- DVD player/TV monitor.

For instructions on borrowing *The Debilitator* film, see page 4 of this guide.

The handout *Home Exercise* can be found at the end of this session (after page 52).

- Pens or pencils, paper, and an envelope for each member of the group (including the facilitator).
- Stamps for mailing each envelope.
- Handout: *Home Exercise* (included in this discussion guide kit; make one copy for each participant).
- Optional: Flipchart or blackboard for writing down key words from discussion.

Method

- Conduct a facilitated discussion (group discussion with a leader asking stimulation questions).
- Play the film, or select scenes from the film as needed.

Introduce the session with this background concept: Stress can bring out the worst or best in a person. Sometimes people actually punish themselves in stressful situations by doing things that are bad for their health or destructive to their self-esteem.



DVD

1. **Tell the group:** I'd like you to identify some of the things Calvin does that work against him, and why he does them. Sometimes the "reason" a person does something is not a factual explanation but an attitude or an emotion. *[You may want to write key words from the discussion on a flipchart or blackboard.]*



Make sure that the discussion brings out the following points about the actions that Calvin takes that work against him and make him his own worst enemy:

- Action: In Calvin's dream, Calvin's daughter finds him eating large portions of unhealthful foods while he is sitting in front of the TV.

Possible reasons:

- He's tired, and this is how he relaxes.
- These foods taste good.
- He eats more when he is stressed or tired.

- He doesn't want to think about whether the foods are healthful or not.
- Others?
- Action: Calvin tells his daughter to leave him alone when she tries to help him.

Possible reasons:

- He knows that she's right, but he doesn't want to think about what she is saying and is annoyed.
- He doesn't want to face his diabetes.
- It's the wrong time for this discussion because he's tired.
- He feels that she is nagging or accusing him.
- Others?
- Action: The first time that Calvin is told that he has diabetes, he hides this fact from his wife.

Possible reasons:

- Denial. He doesn't want to believe the diagnosis.
- He doesn't want to worry her. Perhaps he is worried about his job as a truck driver or about his insurance.
- Others?
- Action: Calvin doesn't go back to the first doctor for follow-up.

Possible reasons:

- Denial. He doesn't want to believe that it's important to do so.
- Excuses. Maybe Calvin doesn't want to take the time off from work, or maybe his work schedule makes it hard for him to keep a regular appointment.

2. **Ask:** But aren't these the excuses that your own worst enemy would give?
3. **Ask the group:** What does it mean to be your own best friend? What kind of actions does a best friend take to help you out?



Make sure that the discussion brings out the following points:

- A best friend is kind but doesn't let you make excuses.
 - A best friend helps you decide what you want to do without telling you what to do.
 - A best friend might not be as hard on you as you are on yourself, but he or she would still point out the things that you are doing that are harmful. For example, a best friend might suggest that it's no use feeling guilty about past overeating, but that you might want to get rid of those potato chips you have in the house if you really plan to quit "pigging out" in front of the TV.
 - A best friend reminds you to think about what's most important to you.
4. **Ask the group:** In the film, how does Calvin show that he can also be his own best friend?



Make sure that the discussion brings out the following points:

- Action: Calvin faces thinking about the bad dream that he had.

Possible reasons:

- He knows deep inside that there is some truth to the dream.
- He wants to protect his family from losing him.
- The dream "shook him up" enough that now he's ready to face reality and do something about his diabetes.
- Others?

- Action: Calvin listens to and thinks about the doctor's advice.

Possible reasons:

- He is willing to try something new because what he has been doing isn't working well for his health.
 - He is willing to take charge and to take action.
 - He is willing to ask for help.
 - Others?
- Action: Calvin shares his concerns with his family members.

Possible reasons:

- They are important to him.
- They can help.
- They can give more help if they know what's going on.
- He doesn't want to scare them, but he thinks that they should know what he's feeling.
- His dream had a serious impact on him and gave him the push that he needed to go to the doctor, and he wants them to know about it.
- Others?

5. **Ask the group:** Are you ever your own worst enemy? Can you give examples?

Examples might include:

- Feeling guilty.
- Telling yourself that you are no good, that you can't do anything right, that you brought this on yourself, and that you'll never change.
- Worrying about everyone else, so that you don't take care of yourself.

- Feeling fearful of facing the truth.
- Seeking out people who are even worse off than you (so that you can feel better), but who lead you to do unhealthy things (such as drinking too much alcohol, being angry at everyone, and blaming others instead of making changes).
- Being angry (at yourself, at others, at how unfair life is).
- Others?

6. **Ask:** Are you ever your own best friend? Can you give examples?

Examples might include:

- Telling yourself you can do it (power of positive thinking).
- “Patting yourself on the back” for making good changes, including small ones.
- Giving yourself credit for problem-solving.
- Asking for what you need (such as help with getting more physical activity, restaurant food that is prepared healthfully, or kind words instead of criticisms from friends and family).
- Sharing your fears (instead of always trying to be the “pillar of strength” for everyone else).
- Seeking out positive people who have energy and an upbeat attitude.
- Telling yourself that you deserve to have a healthy body, a second chance, time to yourself, the right to love yourself the way you are, and the right to ask for help.

7. **Ask:** How can you be your own best friend?

If the following points haven’t already been addressed in discussion, consider bringing them out now:

- Don’t beat up on yourself.

- But don't let yourself get away with excuses, either. Excuses are your own worst enemy talking.
 - Be kind to yourself. Imagine putting an arm around yourself and thinking about what you could say that would be helpful. Everyone needs comfort, but can it be from a hot bath, from a phone call to an old friend, or from a walk alone with the dog instead of from eating?
 - Sometimes being your own best friend means allowing yourself to grieve—letting your emotions out about loss (of independence, of a loved one, of your health) or about your fears (of possible complications of diabetes, of disability, of death) so that you can move on. A best friend wouldn't tell you to "just hold it all in."
8. **Ask the group:** Think back to a very stressful time in your life. Imagine that you can go back in time to comfort yourself, to offer help, or even just to offer a shoulder to cry on. What would you tell yourself?
9. **Ask:** Is anyone willing to share a story or an example?



Classroom Exercises

1. Your Own Best Friend Versus Your Own Worst Enemy

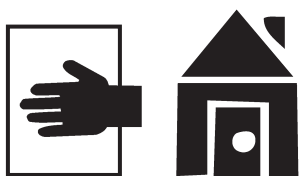
Consider using the mental image of a best friend leaning over one shoulder and a worst enemy hovering over the other. A worst enemy doesn't just tempt you with overeating or other unhealthy behaviors; he or she also beats up on you emotionally so that you keep hurting yourself. A best friend puts a comforting arm around your shoulder, offers a kind helping hand, and asks you to forgive yourself so that you can do better next time.

Note: This next exercise provides the opportunity for participants to learn how to coach themselves with positive and comforting thoughts by asking them to imagine being their own best friend. Having the leader collect the participants' letters and mail them later can

help boost morale and remind people of this technique.

2. Letter-Writing Exercise

- Hand out paper, pens or pencils, and envelopes.
- Ask participants to address the envelopes to themselves.
- Ask participants to take 5 to 10 minutes to imagine being their own best friend.
- Ask each person to write a letter to himself or herself as his or her own best friend.
- Ask participants to seal the letter inside the self-addressed envelope and turn it in to the discussion leader/facilitator.
- Mail the letters 2 days after the session.



Home Exercise

1. Give out one copy of the handout *Home Exercise* to each participant.
2. If there is time, review some of the worst enemy/best friend examples from the handout.
3. Ask group members to take the handout home and to fill out the reverse side of the handout with some of their own worst enemy/best friend examples. Ask them to record how they sometimes act as their own worst enemy, how they can also be their own best friend, and what they would say to themselves to help with frustrations or in times of struggle. (**Note:** Consider asking participants to bring their completed form back to the next session to discuss and share ideas.)



Handout for Session Six

Home Exercise

Being Your Own Worst Enemy	Being Your Own Best Friend
Feeling guilty.	Telling yourself to give yourself a break and to do things differently next time.
Telling yourself that you are no good, can't do anything right, brought this on yourself, and will never change.	Reminding yourself that everybody makes mistakes sometimes, that it's never too late to make a change; telling yourself that you can do it (power of positive thinking).
Worrying about everyone else, so that you don't take care of yourself.	Reminding yourself that you have to take care of yourself if you are going to be there for your family.
Being fearful of facing the truth.	Seeking support from friends, family, and faith.
Seeking out people who are even worse off than you (so that you can feel better), but who lead you to do unhealthy things (such as drinking too much alcohol, being angry at everyone, blaming others instead of making changes).	Seeking out positive people who have energy and an upbeat attitude.
Belittling everything and thinking that, even when you make a change, it is always too small and is never enough (for example, criticizing yourself for losing only 5 pounds when you want to lose 50).	"Patting yourself on the back" for making good changes, including small steps; giving yourself credit for problem-solving.
Feeling that you can't look weak because everyone looks up to you and you would lose respect if you asked for help.	Sharing your fears and not always trying to be the "pillar of strength" for everyone else; realizing that people respect those who are self-confident enough to ask for help.
Feeling that standing up for yourself is selfish and that you will embarrass yourself or your family (for example, that you'll insult the hostess if you make your requirements for healthful food known).	Asking for what you need (for example, help with getting physical activity, healthfully prepared food, or kind words instead of criticisms).
Providing excuses for others' behavior.	Not blaming yourself ("they're right, I deserve it") but speaking directly; telling others to suggest ways that they can help instead of offering criticisms.
WRITE IN YOUR OWN EXAMPLES ON THE REVERSE SIDE	

Session Seven
**Emotional “Short Circuits” and
“Brain Shutdown”**



Session Seven

Emotional “Short Circuits” and “Brain Shutdown”

The NDEP strongly encourages inviting a medical person (health care provider or certified diabetes educator) to participate in any sessions that you conduct to provide support for the discussion and to answer any specific medical questions that may arise.

Background

Strong emotions can set off the “fight or flight” response of the nervous system. This response, which relies on animal instinct instead of thought-out decisions, is helpful in a sudden emergency when a person needs to react quickly by running away or fighting back. But when these strong emotions remain with people all the time because they are upset about something (such as having a chronic medical condition like diabetes) and have trouble dealing with it, the feelings can be destructive. Hiding these emotions doesn’t help. Finding a way to bring them out and face them often does help.

Objectives

1. To discuss ways that the people in film *The Debilitator* deal with their emotions.
2. To describe what is happening when a person can’t think clearly because of strong emotions.
3. To discuss effective and ineffective ways of dealing with strong emotions.



Time needed for discussion: 45 to 60 minutes.

Materials

- DVD of the film *The Debilitator*.

For instructions on borrowing *The Debilitator* film, see page 4 of this guide.

- DVD player/TV monitor.
- Small memo pads (3 x 5 inch)—one for each participant—and pens or pencils.
- Optional: Flipchart or blackboard for writing down key words from discussion.

Method

- Conduct a facilitated discussion (group discussion with a leader asking stimulation questions).
- Play the film, or select scenes from the film as needed.

Begin the session by discussing how the characters in the film *The Debilitator* deal with their emotions around living with diabetes.



1. **Tell the group:** Think about the last scene of the film, which shows people interacting in the diabetes support group. *[You may choose to replay the scene to refresh participants' memories.]*
2. **Ask:** Which characters are experiencing strong emotions, and how are they dealing with them?

Examples might include:

- The African American teenage boy who says, "I honestly wish that I was normal like all my other friends." This boy seems stunned and depressed about his diabetes. His quiet statement about just wanting to be normal is disturbing and makes us wonder how much emotion he is holding in.
Ask: How can holding in these emotions work against him?
- The Latina who says, "The blood vessels in my eyes are not getting enough oxygen.... I don't want to go blind." She seems fearful of her future. Fear can paralyze people or spur them to action.
Ask: How is she is dealing with her fear of blindness?

- The white man who says, “I’ve had diabetes for about 3 years.... About 6 months ago I had to have my foot amputated.”

Ask: What is going on with his emotions? How could they be working against him?

Possible responses:

- Maybe he had diabetes for a long time but couldn’t face thinking about it or didn’t take it seriously until he had a serious complication (the nerve or blood vessel damage that led to the amputation).
- Maybe he was afraid to go to the doctor so his diabetes went untreated for years.

3. **Ask the group:** Where do the people in the support group in this film get their strength? Can you recall positive attitudes about living with diabetes that the other people in the support group shared?

Examples might include:

- The older African American woman who says, “I’ve had diabetes for 10 years, but I don’t claim it. It’s my faith that keeps me physically, emotionally, and spiritually strong.”
- The white woman with type 1 diabetes who says, “Diabetes does not need to be a debilitator.” Her attitude is a “take charge” one: take control of your diabetes so that it does not control you.
- Calvin says, “I’m going to beat the odds.” He has been told about all of the possible serious complications of diabetes, but he also knows that the statistics do not mean that he will inevitably have complications or die from diabetes.

4. **Ask the group:** Which one of these characters do you relate to the most and why?

Continue the session by discussing how emotions can “short-circuit” the brain and cause “brain shutdown.”

5. **Tell the group:** Think back to your childhood. Were you ever suddenly called on in class to answer a question or do a math problem, and your mind went blank? What is going on in a situation like that? Your brain, in a sense, short-circuits when you are experiencing powerful emotions. It's hard to think clearly, to make decisions, and to deal with things that you could normally handle when your brain short-circuits and shuts down. You have to let the emotions out and work through them to get your brain back on track.
6. **Ask the group:** Have you ever had the feeling of a lump in your throat, a feeling of tightness as if you were closed in, or a feeling that you couldn't think straight because you were upset and were holding in your emotions? What did you do that helped?

Answers might include:

- Yelling.
 - Having a good cry.
 - Talking to someone.
 - Praying.
7. **Ask:** What are some other things that a person can do to deal with these strong emotions that can short-circuit the brain and hinder a person's ability to make good decisions?



Make sure that the discussion brings out positive actions that people can take to calm their emotions and to increase their decision-making ability.

Examples might include:

- Exercising. Exercise has a calming effect that helps you think clearly.
- Writing in a diary or journal, or writing a letter to yourself.
- Talking with others in a support group.
- Giving yourself permission to cry. You may feel much better after you let those tears flow, and you

may then be able to do what you need to do to help safeguard your health.

- Sharing your emotions with your family. Your family members are the most important people in your life, so don't shut them out!

8. **Ask:** What are some negative things people do to try to get rid of the panicky feeling that comes from strong emotions and that works against them?



Make sure that the discussion brings out the following points:

- Overeating or bingeing, especially on junk food. Many people do feel calmer when they stuff themselves with food, but what they're experiencing is a vicious cycle.
- Drinking alcohol.
- Yelling at your children, your spouse, or your friends.
- Hitting someone or something.
- Staring at the television.

Classroom Exercise



1. Hand out 3 x 5 inch memo pads (one for each participant) and pens or pencils.
2. Ask participants to write their names on their pads. Emphasize that this book now belongs to them, and that it is small enough to keep with them all the time in a purse, or in the pocket of a shirt or jacket.
3. Spend 10 minutes now in a quiet thinking exercise. Ask all participants to write down a brief description of at least one time when they experienced the brain shutdown caused by strong emotions. Then have them write down one positive action that they think they could take if this situation were to arise again.

4. After 10 minutes has passed, ask if anyone needs more time. If yes, give 5 minutes more, and then call the group back together.
5. **Ask:** Is anyone willing to share a story about when you experienced “brain shutdown” and what you did?

If no one responds, you may share a story of your own, you can point out what Calvin did, or you can do both. Calvin could have just allowed his dream to play over and over in his head without doing anything except worrying about his diabetes. Instead, he talked to his family, and he told his story at a support group. He voiced his fears.



Homework Exercise

Remind participants to keep their memo pads with them and to write down the following:

- Any situations in which they experienced brain shutdown and couldn't make a decision because they were upset.
- What they did (or were tempted to do) in that situation, such as yelling, overeating, or hiding from others.
- What they plan to do to deal more positively with strong emotions in the future.

Tell participants that they may also use the memo pad as a personal journal or diary, or to write a letter to themselves.

If the group meets again, consider asking the participants at future sessions to share how they have been using their memo pads and what changes this writing exercise has brought them.

Session Eight
**Children and Family: How
Can They Understand**

8

Session Eight

Children and Family: How Can They Understand?

The NDEP strongly encourages inviting a medical person (health care provider or certified diabetes educator) to participate in any sessions that you conduct to provide support for the discussion and to answer any specific medical questions that may arise.

Background

Many people are afraid to burden their family with their fears or medical concerns. Often people make assumptions that children won't be able to understand, and that it is better to protect them from information about health problems. Some people assume that family members won't be willing or able to make lifestyle changes that would be better for the person with diabetes—better, in fact, for everyone in the family.

Objectives

1. To discuss what emotional expectations people have from their families.
2. To describe how Calvin deals with sharing information about his diabetes, and about his fears, with his family.
3. To discuss the role that family can play in making major decisions about health and lifestyle.



Time needed for discussion: 45 to 60 minutes.

Materials

- DVD of the film *The Debilitator*.
- DVD player/TV monitor.

For instructions on borrowing *The Debilitator* film, see page 4 of this guide.

The handout *Effects of Diabetes* can be found at the end of this session (after page 64).

- Handout: Web page *Effects of Diabetes* (a copy of the Web page is included in this discussion guide kit; make at least one copy for each participant).
- Optional: Flipchart or blackboard for writing down key words from discussion.

Method

- Conduct a facilitated discussion (group discussion with a leader asking stimulation questions).
- Play the film, or select scenes from the film as needed.



DVD

1. **Tell the group:** Think about the opening scene in the film at the funeral and about Calvin's son Bobby. *[You may want to replay the scene from the film to refresh participants' memories.]*

Consider using the following questions to guide the discussion:

- **Ask:** Does anyone remember what Bobby says to his father as Calvin is lying in the coffin?

Response:

- Calvin's son says to him at the funeral, "Why did you have to die?"

- **Ask:** What emotions is Bobby feeling?

Make sure that the discussion identifies the following emotions that Bobby is experiencing:

- Loss.
- Fear ("What are we going to do now?").
- Confusion, and maybe resentment or anger ("Why did you have to die?").
- Others?

- **Ask:** What do you think children understand about death, and what can they handle?





Make sure that the discussion brings out the following points:

- It depends on the age of the child. A six-year-old may have “magical (unrealistic) thinking,” in which he believes that his father may come back to life. A 10-year-old has a better understanding of death as being permanent.
- Children at any age, and even adults, can believe that they are somehow at fault for the person’s death. They may feel guilty for something that they did or said or thought, even if it has no relationship to the actual cause of death.



DVD

2. **Tell the group:** Think about the scene in which Calvin calls his family together and says, “I don’t want to scare you, but I do want to talk to you all about it [diabetes].” *[You may want to replay the scene in the film before beginning this discussion.]*
3. **Ask:**
 - How did you feel when Calvin talks to his family about his dream?
 - Do you think that having this conversation will help Calvin live with diabetes?
 - What do you think of the approach Calvin chooses? Can you imagine having this conversation with your family? Why or why not?



Make sure that the discussion brings out the following points:

- You can hurt yourself or your family members by not talking to them about diabetes because you are afraid that the information may scare them.
- Sometimes just talking about something may not seem as if it would do much good, but getting something off your chest can be a huge relief.

- It is hard to live with diabetes if you are carrying around the knowledge of your condition as a big secret or a big burden in your heart without sharing it.

4. **Ask:**

- Do you think that people you know would share this kind of emotional information with their families, their spouses, and their children?
- Do you think that there are any risks or things to consider when talking to family members about serious health topics that may affect you?



Make sure that the discussion brings out the following points:

- An important way to follow up with your children is to make sure that they are OK emotionally after you have told them about your diabetes. Ask them later what they thought about the conversation, what they think caused the diabetes, and what they think is going to happen to you. Children may have unvoiced fears of their own that they need to express.
- In the film, Calvin's son Bobby asks, "Dad, does this mean we can't play football and basketball anymore?" The family may be concerned that a person with diabetes has to be protected from exertion. They may misunderstand what is helpful and healthful and what is not.
- In the film, Calvin's daughter asked him, "Didn't you have a blood glucose test a few months ago?" Family members may not feel that the subject that you are bringing up is news because they don't realize how your attitude toward your diabetes has changed. Calvin could have responded, "Yes, but I didn't take it seriously then, and now I do."



DVD

5. **Tell the group:** Think now about the scene in which Beverly Goodson has a conversation with her mother. *[You may choose to replay this scene before the discussion.]*
6. **Ask:** What emotions do you think are coming into play in this scene?

Examples may include the following emotions:

- Denial. Beverly's mother keeps changing the subject, saying, "Oh baby, let's talk about you."
- Fatalism. People may have the feeling that there is nothing a person can do to prevent diabetes complications. Beverly's mother says, "I just want to see you married with children before I die." At some level she is afraid, and she is worried about her diabetes, but she also feels that her situation is in the hands of fate and is not under her control.
- Anxiety. People may push away responsibility for their own health because they are focused on taking care of others. Mrs. Goodson says, "I'm not worried about me; I'm worried about you." How often does this situation come up in your family? How can this situation work against a person with diabetes?
- Frustration. Beverly Goodson tells her mother that this year at medical school has been very hard because everything she learns about diabetes makes her think of her mother. But Beverly sounds very frustrated when she says this. What can she do to turn her frustrated concern into helpful action? Perhaps she can take one or more of the following actions:
 - Bring the subject up again later when her mother is calmer.
 - Write her mother a note telling her again why she is worried and saying that she loves her and wants to help.

- Suggest at least one practical thing that the two of them can do (for example, go to a doctor's appointment together).

7. **Ask:** Do you ever have conversations like this in your family? What do you do that is helpful or not helpful?



Homework Exercise

Distribute copies of the Web page *Effects of Diabetes*. Ask participants to choose among the following optional activities based on the ages of the children in their families (who may be grandchildren or nieces and nephews), the kinds of activities that they like to do with friends and family members, and the kind of support system that they have.

- Check out the Web site http://www.cdc.gov/diabetes/human_body.htm with your family or friends. (If you don't have a computer at home or at work, your public library has computers that you can use, and the staff will show you how to find this Web site.) Click on the human figure to find out more about how diabetes can affect different parts of the body and what you can do to prevent complications.
- Find the following items on the Internet: free music that you can download and move to, such as *Movimiento Por Su Vida* on the Web site <http://www.cdc.gov/diabetes/ndep>, or the many free materials that you can order from the Web site <http://www.ndep.nih.gov>. (If using the Internet is new to you, have the library support staff, your children, or a computer-knowledgeable friend show you how.) The Web site <http://www.diabetesatwork.org> has lesson plans and information on managing diabetes while at work. The point of this activity is not just to get educational materials—it is also to get your family involved in learning more and talking more about diabetes.
- Visit the American Diabetes Association (ADA) Web site and check out the "Family Resource Network" that connects families dealing with diabetes with each other: <http://www.diabetes.org/for-parents-and-kids/living-with-diabetes/family-resource-network.jsp>.



Handout for Session Eight

Effects of Diabetes

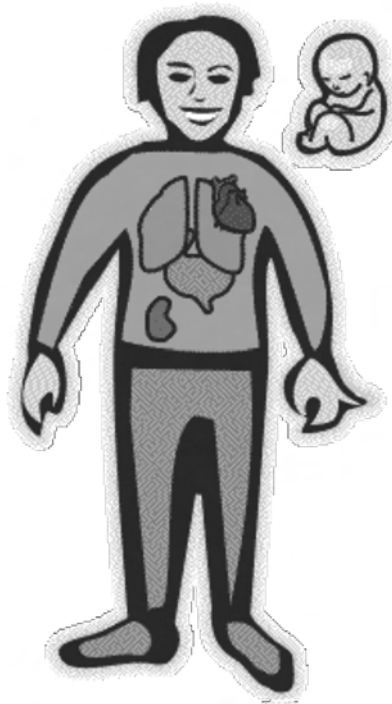
Here's a sample from the Web site

http://www.cdc.gov/diabetes/human_body.htm

Hi, I'm Frank

Effects of Diabetes

Diabetes can affect any part on your body. The good news is that you can prevent most of these problems by keeping your blood glucose (blood sugar) under control, eating healthy, being more physically active, and working with your health care provider to keep your blood pressure and cholesterol under control and getting necessary screening tests. Click on the figure at right to learn more about how diabetes can affect your body—remember: you can prevent these complications.



Visit these Web sites for more information:

<http://www.ndep.nih.gov>

<http://www.diabetesatwork.org/lessons.htm>

<http://www.diabetes.org/for-parents-and-kids/living-with-diabetes/family-resource-network.jsp>

<http://www.diabetes.org>

<http://www.dhss.mo.gov/diabetes>

Session Nine
Fear of “the Needle”

9

Session Nine

Fear of “the Needle”

The NDEP strongly encourages inviting a medical person (health care provider or certified diabetes educator) to participate in any sessions that you conduct to provide support for the discussion and to answer any specific medical questions that may arise.

Background

Many people with diabetes use insulin to help keep their blood sugar (blood glucose) under control. There are many myths about insulin use. Some people think that a person has a “worse kind of diabetes” if he or she uses insulin. Insulin is the fastest, most effective way for someone with very high blood sugar to get it down to a normal range. Insulin alone or in combination with pills may be the best choice for many people with diabetes. Yet many people are afraid to use insulin. Why?

Objectives

1. To discuss what fears people have of using insulin.
2. To discuss insulin myths versus realities.
3. To describe what diabetes “self-management” means in terms of checking blood sugar, giving insulin, and problem solving.



Time needed for discussion: 30 to 45 minutes without the optional section on glucose monitoring; 45 to 60 minutes if discussion of self-monitoring of blood glucose is included.

Materials

For instructions on borrowing *The Debilitator* film, see page 4 of this guide.

- DVD of the film *The Debilitator*.
- DVD player/TV monitor.

The handouts *Myths and Facts About Insulin* and *What You Might "Know" About Diabetes: Myths and Facts* can be found at the end of this session (after page 72).

- Handouts: *Myths and Facts About Insulin* and *What You Might "Know" About Diabetes: Myths and Facts* (the handouts are included in this discussion guide kit; make at least one copy for each participant).
- Optional: Flipchart or blackboard for writing down key words from discussion.

Method

- Conduct a facilitated discussion (group discussion with a leader asking stimulation questions).
- Play the film, or select scenes from the film as needed.



DVD

1. **Tell the group:** Think about the scene in which Calvin is in the doctor's office. *[You may want to replay the scene to refresh participants' memories.]*

Consider using the following questions to guide the discussion:

- **Ask:** What is Calvin's attitude in general in the doctor's office?

Examples of his attitude might include:

- Suspicion. He asks the nurse, "How long have you been doing this?"
 - Reluctance. He is not initially interested in a support group, saying "Let me think about it." He reluctantly agrees to return for a follow-up appointment with the doctor.
 - Concern and maybe some disbelief. He asks about his blood pressure reading: "Is that high?"
- **Tell the group:** Think about Calvin's reaction when he is told that he needs to use insulin. What does Calvin say to the doctor?

Possible responses include:

- "You're putting me on insulin? That's using the needle, right?"

Ask: Is Calvin perhaps expressing disbelief, shock, dismay, or other emotions?

- “I can’t believe I have to take insulin.”

Ask: What is Calvin feeling? Disappointment or disgust? Shock? Denial? Other emotions?

- **Ask:** What are some other common reactions that people have when they are advised that they need to use insulin?

Possible responses include:

- Fear of the needle.
 - Feeling more out of control or overwhelmed.
 - Feeling that insulin is the end of the road— that if they are using insulin, their diabetes is more serious.
 - Fatalism—feeling that if they are on insulin, there’s no use watching what they eat anymore.
 - Worry about whether being on insulin will change important things in their lives, such as whether they can still hold the same job. This concern about keeping a job can be a serious one for some people—those who have a commercial driver’s license, for example.
 - Fear of what others might think, or fear that people will think that they are “skin popping” or abusing drugs.
 - Others?
- **Ask:** Is there anyone here who uses insulin and is willing to tell us what it is like? *[If anyone volunteers, ask:]* How did you feel when you first started using insulin?



You may wish to bring out the following points in the discussion:

- “Using the needle” may sound awful, but the needle is very small—smaller than the one used to draw blood or even the one used to give children their “baby shots.”
- There are a lot more kinds of insulin and ways to give it than there used to be, so you and your doctor can find a system that works for you.
- It may be scary to take insulin when you first start, but most people adjust and don’t find it hard to do over time.
- Some people do have a difficult time accepting the use of insulin. Don’t be afraid to talk to your doctor if you are afraid or are having a hard time with it.
- Some people just refuse to use insulin, but such a refusal may mean that their blood sugar stays out of control and that they are risking complications.
- Some people are embarrassed about using insulin and try to hide their use, but there is nothing to be ashamed of—no more than if you were taking any other kind of medicine. Think whether you would feel this way if you had to take medicine for arthritis pain or acid indigestion.
- It can be a hassle to have to take insulin at specific times each day, or to have to match up your insulin dosage with the amount of food that you eat. But doing so is just trying to get as close as possible to what your body would do naturally if you didn’t have diabetes.
- Some people complain that using insulin causes them to gain weight. Although insulin can stimulate appetite, it is overeating that causes weight gain. Choose vegetables or low calorie foods when you are hungry.

2. **Tell the group:** Let’s talk about some facts about insulin.
3. **Ask:** What is the doctor’s response when Calvin says, “I can’t believe I have to take insulin”?

Response:

- “Insulin is really the best thing for you now.”

4. **Ask:** Why does the doctor say this to Calvin?



Make sure that the following points are brought out in discussion:

- Insulin can bring down a high blood sugar level faster than any other medication.
- Calvin’s blood sugar is so high (400) that insulin will work better than other medications.
- It is dangerous to leave Calvin’s blood sugar so high. He and his doctor need to take action.
- Using insulin will give Calvin’s pancreas “a rest.”
- Calvin may be able to control his blood sugar without insulin later.

5. **Tell the group:** The doctor also says, “The needle is so small you really can’t feel it.” How true do you think this statement is?



Make sure that the following points are brought out in discussion:

- The needle is small, but it is still a needle. It takes time to get used to the idea of injecting insulin.
- For many people, the issue is not so much the pain of the needle, but fear about what it means to use insulin.
- Using a needle may seem scary in part because it is a different way of taking medicine. Most people take medicine in the form of pills. But insulin is not the only medicine that is taken by injection. Other medicines may also be injected because they work

faster or more reliably when taken this way. Some people give themselves injections of medicine to stop a migraine headache. If they can do this to stop a headache, you can do this to control your blood sugar and stop the complications of diabetes.

Brainstorming Exercise

Ask the group to think about Calvin's reaction to starting insulin and about the things that you have talked about in your discussion of insulin. Then ask participants what advice they would have for themselves, or for someone starting insulin, to help calm fears and other emotions.

Discussion of Self-Monitoring of Blood Sugar

1. **Tell the group:** The nurse checked Calvin's blood sugar, but no one in the film talked about self-monitoring—checking your own blood glucose at home with a glucose meter.

Note: The purpose of this discussion session is to share experiences and talk about emotions related to diabetes care, not to provide details of home glucose monitoring. A session on home glucose monitoring and how to use the results is best taught by a certified diabetes educator or health care provider.



2. **Ask:** Why do you think no one in the film talked about self-monitoring?

Make sure that the discussion brings out the following points:

- There may not have been enough time in the film to discuss everything about diabetes care.
- There is only so much that Calvin can take in about diabetes at one time.

- Dr. Goodson says that she will set up a session for Calvin with a diabetes educator. That is probably when he will learn about self-monitoring.
- Self-monitoring is very important, even though it isn't covered in the film.

Note: A participant may comment that he or she finds that doing a fingerstick for self-monitoring hurts more than injecting insulin. If so, you can acknowledge that many people feel this way. You can encourage participants to talk to their doctor or diabetes educator about this issue. Explain that new lancets are available that may make it easier and less painful for them to check their blood sugar.



Homework Exercise

Give each participant a copy of the two handouts: *Myths and Facts About Insulin* and *What You Might “Know” About Diabetes: Myths and Facts*. Ask participants to review these handouts at home and to think of any questions that are not covered. Tell them to use the two handouts to help them come up with questions to take to their next doctor's appointment.

The brochure *Tips for Helping a Person with Diabetes* can be found behind the Handouts tab at the end of this guide.

Participants may also be interested in the NDEP brochure “Tips for Helping a Person with Diabetes,” available from http://www.ndep.nih.gov/diabetes/pubs/KnowNumbers_Eng.pdf





Handout for Session Nine

Myths and Facts About Insulin

Myth: Using insulin means that your diabetes is “really bad.”

FACT: Diabetes is a serious condition whether you use insulin, pills, or both. It is still serious even if it is controlled by food planning and physical activity alone.

Myth: You are “at the end of the road” if you are using insulin.

FACT: Insulin may be used at any time to help control diabetes. Some health care providers prescribe insulin when diabetes is first diagnosed, just as Dr. Goodson did for Calvin Dixon. Using insulin doesn’t mean that you have a “worse kind” of diabetes than others who don’t use insulin.

Myth: Insulin makes you fat.

FACT: Some people complain that using insulin causes them to gain weight. Although insulin can stimulate the appetite, it is overeating that causes weight gain. Choose vegetables or low calorie foods when you are hungry.

Myth: Some people can’t give themselves insulin.

FACT: Special devices are now available that help people with disabilities to give themselves insulin. Even blind people can measure insulin and give it to themselves accurately. If you have trouble seeing the amount of insulin to be drawn up into the syringe, or if you have any difficulty dealing with the syringe, talk to your doctor or diabetes educator about your needs.

Myth: Insulin is dangerous.

FACT: Any medicine can have side effects. It is important to know what the side effects are and how to avoid them so that you can learn to use insulin safely.

Myth: Once you start insulin, you must always stay on insulin.

FACT: There are many treatments for people with diabetes. Some people start on insulin injections and later switch to other medications taken as pills. Some are able to decrease the amount of medication they take once their diabetes is under control. Some even can stop certain medications IF they are able to lose enough weight.

Write Down Your Questions

Do you have a question about insulin? Are you unsure whether something is a myth or fact? Write it here (or on the reverse side of this page) and take it to your next doctor’s appointment.



Handout for Session Nine

What You Might “Know” About Diabetes

Myths and Facts

“I have a touch of sugar.”

There is no such thing as a “touch of sugar.” You cannot have a “touch of sugar,” just as a person cannot be a “touch” pregnant. Having “a touch of sugar” means having diabetes—plain and simple.

“I am only borderline.”

CAUTION: Diabetes Ahead! There is no “borderline” with diabetes—you either have the disease or not. The term “borderline” only serves as an excuse for people who don’t want to think about the reality of living with diabetes.

“You can’t prevent diabetes.”

Yes, you can. Studies show that people with prediabetes (blood sugar higher than normal but not in the diabetes range) can prevent or delay diabetes. If your doctor tells you that you have “a touch of sugar,” ask him if you have prediabetes or diabetes. There’s a big difference. For more information, visit <http://www.ndep.nih.gov/diabetes/prev/prevention.htm>.

“By drinking water, I can wash away the extra sugar in my blood and cure diabetes.”

Although you can wash away spilled sugar from a table, the body’s own sugar, glucose, cannot be washed away by drinking water. However, you can control your diabetes by eating a healthy diet, staying physically active, losing weight if you are overweight, seeing your doctor regularly, taking any medications as prescribed, and monitoring your blood sugar regularly.

“I have sugar in my eye.”

Uncontrolled diabetes can cause problems with vision, including blindness. Controlling the disease can prevent or delay complications with eyesight.

“Insulin is a cure for diabetes.”

Insulin is not a cure for diabetes. At this point, there is no cure for diabetes—only medicine and behaviors that help to control it. Insulin helps to control diabetes by keeping the body’s sugar, glucose, from building up in the bloodstream.

“If I’m not taking medicines for diabetes, it must not be serious.”

Not everyone who has diabetes needs to take insulin, but diabetes is always serious. If the body can produce insulin, other steps can be taken to help keep the insulin working effectively. These steps include regular physical activity, a healthy diet, oral medications (pills), and regular doctor’s visits.



"I have diabetes and I've seen its effect on family members. I know there is nothing I can do about it."

Remember, diabetes is serious, common, and costly but controllable. There are many actions that people with diabetes can take to live a full life, while preventing or delaying complications. Taking care of yourself by making healthy lifestyle changes, such as regular physical activity and a healthy diet, is the key to living well, even with diabetes.

Session Ten

Working with Your Doctor

10

Session Ten

Working with Your Doctor

The NDEP strongly encourages inviting a medical person (health care provider or certified diabetes educator) to participate in any sessions that you conduct to provide support for the discussion and to answer any specific medical questions that may arise.

Background

Many people find it hard to participate in their health care. They may not be sure what questions to ask the doctor, or they may feel that the doctor is in too great a hurry and doesn't have the time to answer their questions.

Objectives

1. To describe the interactions between Calvin and the staff at the doctor's office.
2. To discuss how a person can get the most out of a visit to the doctor.
3. To make the link between diabetes and heart disease.



Time needed for discussion: 45 to 60 minutes.

Materials

For instructions on borrowing *The Debilitator* film, see page 4 of this guide.

The handout *4 Steps to Control Your Diabetes for Life* can be found behind the Handouts tab at the end of this guide.

- DVD of the film *The Debilitator*.
- DVD player/TV monitor.
- Handout: National Diabetes Education Program (NDEP) brochure *4 Steps to Control Your Diabetes for Life* (at least one copy for each participant). Order the brochure by fax or mail using the *NDEP Publications Order Form* at the end of this guide, or download it from the Web site <http://www.ndep.nih.gov/diabetes/control/4Steps.htm>.

- Optional: Flipchart or blackboard for writing down key words from discussion.

Method

- Conduct a facilitated discussion (group discussion with a leader asking stimulation questions).
- Play the film, or select scenes from the film as needed.



1. **Tell the group:** Today we are going to talk about two scenes from the film *The Debilitator*: the scene with the radio show entitled “The Good Doctor,” and the scene in which Calvin goes to see Dr. Beverly Goodson. *[You may choose to replay these scenes to refresh the participants’ memories.]*
2. **Tell the group:** Think back to the radio program “The Good Doctor.” The radio program host says of the physician guest on the show, “He speaks the truth—straight from the heart.” Some people think that health care workers shouldn’t tell people the harsh truth about the risk of heart disease and the complications of diabetes because it’s too scary.
3. **Ask:** What do you think health care providers should do?



Make sure to make the following points during the discussion:

- Scare tactics alone are not effective and can push people away.
 - People need to know the truth, and they have a right to know.
 - Some ways and times for giving information are better than others.
4. **Tell the group:** On the show “The Good Doctor,” the heart doctor made several statements that could be shocking.
 5. **Ask:** How did you feel when you heard the doctor **say**:
 - “Others [some people with diabetes] are just time bombs waiting to explode.”

- “Doctors...think that people will never change, so they don’t tell people what to do.”

Begin a discussion with participants about making the most of their doctor visits.

6. **Tell the group:** When Calvin calls Dr. Goodson’s office for an appointment, he is lucky. The office has an open appointment time that day, and he is seen right away.
7. **Ask the group:** Has that been your experience with making an appointment?
 - What do you think Calvin should have done if he had not been able to get an appointment for a month or more?
 - What would you do?

Answers might include:

- Go to the emergency room.
- Stay home and take it easy until you can see the doctor.
- Make an appointment to see another doctor.
- Try home remedies or nonprescription medications.
- Go to a naturopath or traditional healer.
- Pray that things will get better soon.



Make sure that the discussion brings out the following points:

- Don’t wait too long for an appointment. Ask if another doctor in the practice can see you as a walk-in or for just one appointment until you can see your regular doctor. Ask the receptionist to call you if the office has any last-minute cancellations.
- Emergency rooms are just for emergencies. Don’t use them as walk-in clinics or for regular care (for example, for refilling prescriptions). Try to think ahead and make appointments with your regular doctor.

- If you don't have a health care provider, seek one out and establish regular follow-up care. Community health centers that accept Medicaid or Medicare, or that provide sliding scale payments for people without insurance, are located throughout the country.
- If you are having chest pressure or increased shortness of breath, DON'T WAIT. Go to the emergency room if you have no other choice.
- It is best to talk to your doctor first before trying home remedies or nonprescription medications.
- Working with other healers (such as a massage therapist or a naturopath) can help you feel better, but such visits are not a substitute for seeing your doctor or other health care provider (such as a nurse practitioner or a physician assistant).

8. **Tell the group:** Think about Calvin's visit to Dr. Goodson. Is there anything that he could have done to get more out of this appointment?

Answers might include the following:

- He could have brought the first doctor's name and contact information so that Dr. Goodson could get his medical records.
- He could have brought any medicines that were prescribed for him by the first doctor, even if he is not taking them now.
- He could have brought a list of questions that he wanted to ask.
- He could have brought his wife or other family member for emotional support and also because "two sets of ears are better than one" for absorbing information during a doctor's visit.

9. **Ask:** How can you get the most out of your visits to the doctor and to other health care providers?



Make sure that the discussion brings out the following points:

- Think about your questions ahead of time. Perhaps write them down and give the list to the doctor at the start of the appointment.
- Bring a list of your medicines and a description of how you are taking them (for example, how many pills you take and at what time of day).
- Be honest. If you miss taking many of your pills, just say so and state why (for example, you can't remember to take the one at bedtime, or the medicine upsets your stomach if you take it in the morning).
- Tell your doctor about any nonprescription medicines, vitamins, and herbal remedies that you are taking.
- Bring along your blood glucose monitoring booklet in which you write down your blood sugar measurements.
- Discuss with the doctor what your goals are—what your blood sugar, blood pressure, and cholesterol should be, and what can you do to get them under control.
- Discuss other routine tests that people with diabetes should have: eye and foot exams, as well as measurement of A1C, blood pressure, and cholesterol.

Optional Activity: Discussing Diabetes ABCs and Heart Disease

Note: Another module in this guide, “Be Smart About Your Heart: Know Your ABCs,” also discusses the link between diabetes and heart disease.



DVD

1. **Tell the group:** Think about the scene in which Calvin dies of a heart attack in his dream. *[You may choose to replay this scene to refresh participants' memories.]*

2. **Ask:** How realistic do you think this scene is? What are the symptoms of a heart attack?



Make sure that the discussion brings out the following points:

- Usually people have some warning symptoms of a heart attack that increase with time.
- People don't usually die suddenly as the first sign of heart trouble, but it is possible to do so.
- A person might not recognize that his or her symptoms are from heart disease. Typical symptoms include:
 - Chest pressure—NOT a sharp pain.
 - Shortness of breath.
 - Nausea, possibly vomiting.
 - Sweating.
 - A feeling of impending doom.
- Not just men are at risk for heart attacks. Women have heart attacks, too. In fact, women with diabetes are even more likely than men with diabetes to die of a heart attack.

3. **Ask the group:** What do you think about the fact that Calvin has a heart attack when he is doing something that he thinks is good for him—getting exercise?



Make sure that the discussion brings out the following points:

- Calvin's blood pressure and blood sugar are out of control.
- He doesn't stop when he first starts to feel bad.
- It looks as if he is mowing the lawn during the hottest part of the day (or maybe the heart attack is causing him to sweat). He should have chosen a cooler part of the day to exercise outdoors.

- Before you begin an exercise program, it is best to talk to your doctor to find out what is safe for you.



Classroom Exercise

Give each participant a copy the NDEP brochure *4 Steps to Control Your Diabetes for Life*. Tell participants that they have 5 to 10 minutes to look through the brochure before you call the group back together. Explain that the material in the brochure may help them think of questions that they would like to ask their doctor. After 5 or 10 minutes (depending on how much time is left in the session), ask if anyone needs more time. If yes, give an additional 5 minutes, and then call the group back together.

Ask: Is anyone willing to share a question that you've decided to ask your doctor at your next appointment?

If no one suggests a question, consider choosing a question directly from the NDEP brochure *4 Steps to Control Your Diabetes for Life* for discussion, if time permits.



Homework

Ask each of the participants to take home a brochure and to write down at least one question that they plan to ask the doctor at their next appointment. Suggest that they may also find it helpful to ask others (family and friends) to read the brochure and talk about it together.

Session Eleven

A Frightening Future: The Rise of Type 2 Diabetes in Youth

11

Session Eleven

A Frightening Future: The Rise of Type 2 Diabetes in Youth

The NDEP strongly encourages inviting a medical person (health care provider or certified diabetes educator) to participate in any sessions that you conduct to provide support for the discussion and to answer any specific medical questions that may arise.

Background

There are three main types of diabetes:

1. Type 1 diabetes, in which a person's pancreas makes no insulin, and the person must take insulin to survive. This type used to be called juvenile onset diabetes because it was the type that typically occurred in children, but it has been renamed because it can occur at any age.
2. Type 2 diabetes, in which a person's pancreas makes insulin, but either not enough insulin is produced to meet the body's needs or the body is "insulin resistant" and cannot use the insulin in the right way. Being overweight and getting little physical activity put at person a higher risk of developing type 2 diabetes. This type used to be called adult onset diabetes because it was rarely seen in children, but today the name is not accurate because more and more children and teenagers are developing type 2 diabetes. The number of children who are overweight or obese is increasing in the United States, which may be contributing to this rise in type 2 diabetes in youth.
3. Gestational diabetes develops during pregnancy, but then blood sugar levels return to normal after the pregnancy. Women who have had gestational diabetes have a higher risk of developing type 2 diabetes later. Children who are born to women who have had

gestational diabetes during the pregnancy are also at a higher risk of later developing type 2 diabetes.

Objectives

1. To describe the increase in the number of overweight children and teenagers in the United States.
2. To discuss some of the possible reasons for these increases and their possible consequences.
3. To discuss some actions that a person can take in his or her family and in the community to slow the epidemic of obesity in youth.



Time needed for discussion: 45 to 60 minutes.

Materials

For instructions on borrowing *The Debilitator* film, see page 4 of this guide.

Missouri diabetes statistics can be found on the Missouri Department of Health and Senior Services diabetes web page under Data and Statistical Reports at <http://www.dhss.mo.gov/diabetes/Reports.html>.

The handout *Am I at Risk for Type 2 Diabetes?* can be found behind the Handouts tab at the end of this guide.

- DVD of the film *The Debilitator*.
- DVD player/TV monitor; overhead projector (optional).
- Optional: Maps showing trends in rates of obesity and diabetes can be found as PowerPoint® slides on the CDC Web site <http://www.cdc.gov/diabetes>. You could either print these out to be prepared as overhead transparencies for use with an overhead projector or to be photocopied and given as handouts (one for each participant). If you have access to a computer and an LCD projector, you could show the entire series of slides and emphasize how rates of obesity and diabetes have increased over the past 20 years.
- Handout: *Am I at Risk for Type 2 Diabetes?* (one copy for each participant). Order the brochure by fax or mail using the *NDEP Publications Order Form* at the end of this guide. The brochure may also be ordered online at <http://www.ndep.nih.gov> or downloaded for photocopying from <http://www.ndep.nih.gov/diabetes/prev/prevention.htm>.

The handout *Eating Healthily, Moving More* can be found at the end of this session (after page 88).

The handout *More Than 50 Ways to Prevent Diabetes* can be found behind the Handouts tab at the end of this guide.

The *Tips for Children with Type 2 Diabetes Series* can be found behind the Handouts tab at the end of this guide.

The handout *Diabetes in Children and Adolescents* can be found behind the Handouts tab at the end of this guide.

- Handout: *Eating Healthily, Moving More* (included in this discussion guide kit; make at least one copy for each participant).
- Handout: *More Than 50 Ways to Prevent Diabetes* (at least one copy for each participant). Order the brochure by fax or mail using the *NDEP Publications Order Form* at the end of this guide, order it online at <http://www.ndep.nih.gov>, or download it for photocopying at http://www.ndep.nih.gov/diabetes/pubs/50Ways_tips.pdf.
- Handout: *Tips for Children with Type 2 Diabetes Series* sheets on “What is Diabetes?,” “Be Active,” “Stay at a Healthy Weight,” and “Eat Healthy Foods” (at least one copy for each participant). Order the brochure by fax or mail using the *NDEP Publications Order Form* at the end of this guide, order it online at <http://www.ndep.nih.gov>, or download it for photocopying at <http://www.ndep.nih.gov/diabetes/youth/youth.htm>.
- Handout: *Diabetes in Children and Adolescents* (at least one copy for each participant). Download the brochure for photocopying at http://www.ndep.nih.gov/diabetes/pubs/Youth_Factsheet.pdf.
- Optional: Flipchart or blackboard for writing down key words from discussion.

Method

- Conduct a facilitated discussion (group discussion with a leader asking stimulation questions).
 - Play the film, or select scenes from the film as needed.
1. **Ask the group:** Did you believe the doctor on the radio show in the film when he said that children as young as age 4 have developed type 2 diabetes? [*This is true, unfortunately.*] Why are we seeing more obesity in children? How does this increase in obesity relate to diabetes?

Show the obesity and diabetes maps, or distribute the handout with links to download the maps.



Make sure that the discussion brings out the following points:

- CDC estimates that, if current trends continue, one in three children born today will develop diabetes in their lifetime. Not everyone who is overweight develops diabetes, and not everyone who has diabetes is overweight, but the two do tend to go hand-in-hand. Look at the maps. As the rate of overweight has gone up, so has the rate of diabetes.
 - The percentage of children in the United States who are overweight or obese has tripled in the past 20 years. In 2000, 10.4 percent of children 2 to 5 years old, 15.3 percent of children 6 to 11 years old, and 15.5 percent of adolescents 12 to 19 years old were overweight.
 - Even preschool children are affected. In children this young, overweight can't be blamed on school lunches and lack of physical education in the schools!
2. **Ask:** Do you think that Calvin's children in the film are at risk of developing diabetes? Why or why not?
 3. **Distribute** the NDEP brochure *Am I at Risk for Type 2 Diabetes?* for more information. Calvin's children are at increased risk, but they can take steps to reduce that risk by leading a healthy lifestyle.



Make sure that the discussion brings out the following points:

- Several factors increase the children's risk:
 - Being African American is a risk factor for developing diabetes.
 - Diabetes tends to run in families, and Calvin has diabetes.
 - Calvin's son is showing interest in sedentary activities, which could reduce his physical activity. (Recall the scene in which he is

playing video games instead of playing actively outside.)

- Several factors decrease the children's risk:
 - Calvin's daughter eats healthily and exercises at the gym.
 - Neither son nor daughter looks overweight, and they lower their risk of developing diabetes by eating healthily and maintaining a healthy weight.

4. **Ask:** After Calvin talks to his family members about his diabetes, what decisions do they make together that will help him control his diabetes and will also help them all live more healthily?

Examples may include the following:

- Calvin says, "Son, we're going to spend more time together working out. I promise."
- Calvin plans to go running with his daughter on a trail through the park.
- Calvin's wife plans to cook healthful meals to benefit the whole family.
- The family looks for more information on diabetes and for more support. For example, at dinner Calvin's wife mentions spirituality and talking to her pastor.

5. **Ask:** Do you think that people in your family are at higher risk than most people of developing diabetes? Do you think that your family can make the same kinds of changes that Calvin's family does?



Make sure that the discussion brings out the following points:

- It's not always as easy to get children away from video games and outside playing as it was for Calvin.

Ask: Does anyone have any suggestions for dealing with this situation?

Possible responses:

- Just sending the child outside to play should lead to more physical activity than watching TV does. You don't have to tell the child exactly what game or activity to do.
 - Join your child outside.
 - If you can't join your child, and you don't feel comfortable having him or her play outside, you may be able to find other safe places where your child can be more active.
 - Limiting the number of hours for watching TV, using the computer, and playing video games is one method that has proved helpful in controlling children's weight (partly because children then have less time to snack in front of the TV).
 - Going running in the park is not realistic for many people (for example, because they have arthritis in the knees, because they live in an unsafe neighborhood, or because they live in a climate that is too hot or too cold for running during part of the year). But everyone can find ways to increase physical activity, even inside the house.
6. **Say:** Let's brainstorm about what else you can do for physical activity with a buddy or with family members.

Examples might include:

- Walk in the shopping mall or on a school track.
 - Try roller skating at an indoor rink.
 - Walk the dog. If you don't have one, do a good deed by walking an elderly neighbor's dog on a regular basis.
7. **Tell the group:** Many people may believe that eating healthily is too expensive for them. Does it cost Calvin's family more to eat baked chicken and baked potatoes than to eat fried chicken and french fries?



Classroom Exercise

Ask participants to take 5 minutes to think of at least one thing that they can do when they go home to get their whole family eating more healthful meals, and one thing that they can do during the coming week to be more physically active. Remind them that their motivation is not just to improve their own health but also to teach healthier habits to members of the future generation.

Note: Remind people in the group who live alone that they are not off the hook! Suggest to them that they can connect with family members by telephone to work on developing healthier habits, or they can choose to “buddy up” with someone at work, from church, from school, or from their neighborhood. If a holiday is coming up and they will be getting together with others, ask them to think about how they can make the event more healthful.



Distribute the handout *Eating Healthily, Moving More* and have each person write down at least one idea in each category.

At the end of 5 minutes, ask if anyone needs more time. If yes, give them 5 more minutes. Then ask if anyone would be willing to share what he or she has written down.



Homework Exercise

Ask participants to take home the handout *Eating Healthily, Moving More* and to think about adding one new idea to it each day. Distribute the handouts *More than 50 Ways to Prevent Diabetes*, *Tips for Children with Type 2 Diabetes Series* sheets, and *Diabetes in Children and Adolescents* to each participant to give them additional ideas.

Optional: There are lots of resources for kids who are overweight from the Weight-control Information Network. Visit <http://win.niddk.NIH.gov/publications/index.htm#public>



Handout for Session Eleven

Obesity Maps and Diabetes Maps

Overweight and Obesity: Obesity Trends: U.S. Obesity Trends 1985–2004

Download at:

[*http://www.cdc.gov/nccdphp/dnpa/obesity/trend/maps/*](http://www.cdc.gov/nccdphp/dnpa/obesity/trend/maps/)

Age-Adjusted Prevalence of Diagnosed Diabetes per 100 Adult Population, by State, United States, 2004

Download at:

[*http://www.cdc.gov/diabetes/statistics/prev/state/fPrevalence2004Total.htm*](http://www.cdc.gov/diabetes/statistics/prev/state/fPrevalence2004Total.htm)

Missouri Diabetes Data and Statistical Reports

[*http://www.dhss.mo.gov/diabetes/Reports.html*](http://www.dhss.mo.gov/diabetes/Reports.html)



Handout for Session Eleven

Eating Healthily, Moving More

Write down your ideas below:

One thing that I can do this week to get my family to eat more healthful food is:

One thing that I can do this week to get my family to be more physically active is:

Session Twelve

Spirituality as a Guide and Support

12

Session Twelve

Spirituality as a Guide and Support

The NDEP strongly encourages inviting a medical person (health care provider or certified diabetes educator) to participate in any sessions that you conduct to provide support for the discussion and to answer any specific medical questions that may arise.

Background

Spirituality means many different things to different people, but it usually involves seeking strength, guidance, and support from a “higher power.” This support can help a person manage his or her diabetes. At the same time, it is important for people to recognize the practical aspects of diabetes care and to avoid placing their faith in unrealistic hopes.

Objectives

1. To describe ways in which spirituality, however it is experienced, can help provide support to making changes to live well with diabetes.
2. To verbalize that depending on spirituality and “faith” alone is not adequate to control diabetes.
3. To discuss what role spirituality can play in bringing family and community together to support a person in diabetes self-management.



Time needed for discussion: 45 to 60 minutes.

Materials

- DVD of the film *The Debilitator*.
- DVD player/TV monitor.

For instructions on borrowing *The Debilitator* film, see page 4 of this guide.

- Optional: Flipchart or blackboard for writing down key words from discussion.

Method

- Conduct a facilitated discussion (group discussion with a leader asking stimulation questions).
- Play the film, or select scenes from the film as needed.



Special Note: Discussing religion can lead to tensions as members of the group express their differences in religious views, and these differences can split a group rather than unite it. On the other hand, many self-help groups recognize the value of relating to a “higher power,” and many people will feel comfortable talking about spirituality as that which gives them inner strength of spirit. You may want to consider polling the group before you introduce this topic to be sure that all participants agree that it is appropriate for discussion. **You may also want to read the Troubleshooting section in this guide before proceeding with the discussion.**

1. **Ask:** Are there any scenes in the film *The Debilitator* in which spirituality plays a role?

Examples might include:

- The Dixon family members hold hands and say grace before the meal.
 - Calvin’s wife suggests that spirituality may be a good remedy for many illnesses.
 - The older African American woman in the support group says, “I’ve had diabetes for 10 years, but I don’t claim it. It’s my faith that keeps me physically, emotionally, and spiritually strong.”
 - In the first scene, the Dixon family is drawn together at the funeral in the church.
2. **Ask:** How does this spirituality help the people portrayed in *The Debilitator*?

Examples may be:

- It draws the Dixon family members closer together (in the scene at the dinner table).
- It is a possible source of support to give strength to the family and to the community.
- It draws the community together (the community at Calvin's funeral).

3. **Ask:** Are there any ways that a person might have a misguided idea about spirituality that could hurt his or her efforts to control or prevent diabetes?

Examples might include:

- Waiting for a miracle that may never come instead of taking control of one's diabetes and making changes.
- Taking a fatalistic attitude, such as "It is God's will," instead of taking the attitude that "God helps those who help themselves."
- Mistaking normal emotional reactions (such as fear, denial, depression, and guilt) for spiritual events that lead to inaction. For example, denial or bargaining may be expressed as the belief that "if I pray hard enough, I will be cured." Depression sometimes takes the form of guilt in a belief such as "God is punishing me."
- Others?



Special Note: Some people may think of organized religion (such as a Christian church, a Muslim mosque, or a Jewish temple) when you discuss spirituality, and they may give examples that include specific beliefs or practices of faith-based institutions. For example, someone may jokingly note that church suppers can be the worst thing for people with diabetes because of the dishes served, such as fried chicken and macaroni and cheese. Others may give examples of behaviors that violate their religious views, such as gluttony as one of the seven deadly sins or alcohol use as an evil.

Consider acknowledging these examples as events or views belonging to specific religions, and try to re-focus the discussion on the broad concept of spirituality. Avoid arguments over differing religious views.

Be sure to bring out the point that talking to one's health care provider and one's spiritual advisor about fears and concerns can help.

4. **Ask:** Are any of you willing to share how spirituality plays a role in your life? In keeping you healthy?



Optional Homework Activities

Ask each person to choose one of these optional activities to do at home:

1. Participants can create their own special prayer, meditation mantra, or positive thought to recite at a special, quiet time of day: for example, in the morning when they first wake up, when they go for a walk, before a meal, as they go to pick their child up at school, when they drive home from work, at bedtime, or whatever the best time for them may be. The special thought should be something simple to remember that gives them inner strength, such as "Every day, in every way, I am getting stronger and stronger." Or, "My blessings are many and my spirit is strong." Or even, "I can do it. I know I can."
2. Participants can try the "full cup of coffee (or tea or water) exercise" every day for a week. Describe the exercise to the group by saying: "Don't rush through that first cup of coffee or tea in the morning, and don't grab a travel mug and go. Set aside time—even one minute—to sit with this morning drink as a spiritual time, however you experience it. Sit down, hold the cup in your hands, and focus. Ask yourself: From where can I draw my inner strength today? Where can I find more strength to nourish my spirit today? What do I want from my full cup today? How can I fill it tomorrow?"
3. Consider asking members of the group to suggest other spiritual exercises that help them focus and draw strength.

Ask: How can these exercises help you control or prevent diabetes in your life?

Examples might include:

- By giving you the strength to resist overeating and other health-destructive habits.
- By reducing chaos and stress in life so that you can focus on what you need to do.
- By helping you to use the power of positive thinking to convince yourself that you can make changes, increase your physical activity, check your blood sugar by yourself, make that doctor's appointment you need, face getting checked for diabetes, stop smoking, walk more, or whatever it is you need to do.



Session Thirteen

What Are My Patients Thinking?

A Session for Health Care Providers

13

Session Thirteen**What Are My Patients Thinking? A Session for Health Care Providers**

Note: This session should be conducted for health care providers by a peer health care provider (e.g., a primary care physician should lead a discussion with other primary care physicians).

Background

Being diagnosed with a chronic disease like diabetes can have a huge emotional impact on your patients. Some patients find it hard to listen and to remember what you as their health care provider have told them, because their minds are occupied with adjusting to their new diagnosis. Some patients may be very difficult to work with because they don't follow your recommendations, they seem unconcerned or disbelieving, or they are even angry with you. This discussion is designed to explore what is going on in these instances, and how you can turn such difficult interactions into fruitful ones.

Objectives

1. To discuss the issue of “therapeutic nihilism”—the idea that some people won't do what you recommend, so why waste your time?
2. To describe the interactions in the film between Calvin and the staff at Dr. Goodson's office.
3. To discuss possible ways of dealing with difficult situations that you encounter with your patients.



Time needed for discussion: 30 to 60 minutes (depending on whether role-playing exercises are included).

For instructions on borrowing *The Debilitator* film, see page 4 of this guide.

The handout *Emotional Stages of Change* can be found at the end of Session 4 (after page 38).

The handouts *5As* and *Role-Playing Exercise* can be found at the end of this session (after page 102).

Materials

- DVD of the film *The Debilitator*.
- DVD player/TV monitor.
- Handout: *Emotional Stages of Change* (included in Session Four of this discussion guide kit; make at least one copy for each participant).
- Handout: *Team Care: Comprehensive Lifetime Management for Diabetes* (one copy for each participant). Order the monograph by fax or mail using the *NDEP Publications Order Form* at the end of this guide, order it online at <http://www.ndep.nih.gov>, or download it for photocopying at <http://www.ndep.nih.gov/diabetes/pubs/TeamCare.pdf>.
- Handout: *The 5As* (included in this discussion guide kit; make one copy for each participant).
- Handout: *Role-Playing Exercise* (included in this discussion guide kit; make one copy for each participant).
- Optional: Flipchart or blackboard for writing down key words from discussion.

Method

- Conduct a facilitated discussion (group discussion with a leader asking stimulation questions).
 - Play the film, or select scenes from the film as needed.
1. **Tell the group:** Think back to the scene in the film that depicts the radio program “The Good Doctor.” The radio show host introduces the cardiovascular surgeon guest speaker by saying, “He speaks the truth—straight from the heart.”

Some health care providers believe that we shouldn’t scare patients by giving too many details of the possible complications of diabetes, because the long list can be discouraging. Other health care providers feel that we need to be more “hard-hitting” with our patients by emphasizing the risks of poorly controlled

diabetes. What do you think health care providers should do?



Points to bring out in the discussion:

- Scare tactics alone are not effective and can push patients away.
- Patients need to know the truth, and they have a right to know.
- A lot depends on the emotional state of the patient at the time of his or her visit with us and on his or her ideas about preventing complications.

2. **Ask the group:** Are there some ways and times to give the patient information that are better than others?



Points to bring out:

- If the patient is in shock or in denial after you give the diagnosis of diabetes, he or she can't focus on what you are saying.
- Determine the patient's understanding of and experience with diabetes. A patient with several relatives who have had complications of diabetes may view diabetes very fatalistically (e.g., the patient may believe that nothing can be done to improve his or her health or to prevent death). Or the patient may be very angry with the health care system.
- Finding out what the patient's greatest concerns are may provide you with a "hook" for helping him or her to make changes, accept medications, or do glucose self-monitoring.

3. **Ask the group:** In the final scene of the film, Dr. Goodson is leading a support group. Is it realistic that the doctor would host the support group?



Consider using the following questions:

- **Ask:** In the film the doctor is portrayed in the role of support group leader as an ideal situation, but is this role realistic? Is it even ideal? Perhaps other

professionals are better at running support groups. Or perhaps participants are reluctant to talk about some matters in front of their doctors.

- **Ask:** Are there ways in which the physician can become involved in the patients' diabetes education and support without running the support group himself or herself?

4. **Tell the group:** On "The Good Doctor" show in the film, the cardiovascular surgeon makes several statements that may be shocking. How did you feel when you heard him say the following?

- "Others [people with diabetes] are just time bombs waiting to explode."
- "Doctors...think that people will never change, so they don't tell people what to do."

Reactions from the group may include the following:

- **Anger.** Participants may feel that the radio show host portrays the primary care physician in an unfavorable light or is laying unfair blame on physicians in general.
- **Frustration.** Participants have probably all experienced the feeling that some patients don't follow their recommendations, so why bother?
- **Disappointment.** Participants may acknowledge that some patients do seem like "time bombs," and they may wonder what they can do if patients do not follow their recommendations.



Classroom Exercise: Stages of Change

1. **Tell the group:** I'd like you to spend 5 minutes right now writing down some of the things that your most difficult patients—emotionally and behaviorally difficult, not clinically difficult—have said to you. If you can, also write down what you think a good reply might be.

2. **Ask the group** [at the end of 5 minutes]: Is anyone willing to share what they've written down?

If yes, let participants spend some time sharing stories and ideas about responses. This part of the session sometimes gives frustrated clinicians an opportunity to "blow off steam." After they have released this pent-up emotion, they are in a better position to learn from the session. Try not to counter or disagree with any of the suggestions at this stage. Just let the group discuss them.

If no one volunteers to share their written responses, you may share a clinical experience of your own, or you may use one of the hypothetical ones from the handout *Role-Playing Exercises*.

3. **Tell the group:** Remember the stages of change that Dr. Kubler-Ross described in her book *On Death and Dying*? She described five basic stages: denial, depression, anger, bargaining, and acceptance. These five stages may represent too broad a generalization, because people experience many other emotions and stages of change. The stages don't necessarily occur in this order, and not everyone experiences every stage. Nevertheless, it may be useful to consider how these stages apply to someone dealing with a chronic disease like diabetes.



4. **Distribute** the handout *Emotional Stages of Change*.
5. **Ask the group:** What emotions does Calvin express during the interactions (with his doctor, with the nurse, with family members, in the support group) in the film *The Debilitator*?

Answers might include:

- Denial (at the initial diagnosis): "I didn't believe it, so I never went back."
- Disbelief (at the repeat diagnosis in Dr. Goodson's office): "I can't believe I have to take insulin!"
- Fear (of what it means to have diabetes): "Am I going to die?"

- Doubt (perhaps about the nurse's experience when he asks, "How long have you been doing this?").
 - Ambivalence (about going to a support group).
 - Depression. In the dream sequence, Calvin's interaction with his daughter as he sits on the couch and overeats can be a sign of depression, as can feeling guilty.
 - Bargaining. In the dream sequence, Calvin tells his daughter that he will mow the lawn after he eats, and that this will be his exercise. He doesn't say that he plans to change his eating behavior, but he bargains with her so that she will leave him alone.
 - Acceptance. Calvin shows acceptance of his diabetes when he shares his dream and his diagnosis with his family, and when he opens up at the support group.
6. **Point out** to the participants that the characters' negative emotions never get out of control in the film, but that similar situations with patients in their offices may be more extreme.



Make sure to bring out in the discussion the following pitfalls to avoid when dealing with patients:

- Becoming offended and getting into an argument.
- Becoming defensive.
- Trying to scare or threaten the patient into action.
- Trying to force too much information on a patient who is not ready for it.
- Blaming the patient.
- Rejecting the patient's ideas outright (for example, responding to an idea about an alternative healing method by saying, "That's just a waste of time.").
- Dismissing the patient's fears (for example, responding to the question "Am I going to die?" by saying, "Don't be ridiculous!").

7. **End the session** on a positive note. Discuss the resources available for health care providers:

- Make sure that the health care professionals in the group are aware of community resource personnel, such as diabetes educators, nutritionists, and diabetes control teams at the state and local health departments.
- Address the availability of a team to help the doctor help a patient. Team members might include the primary care physician, a certified diabetes educator, a dietitian, a pharmacist, a podiatrist, a physical therapist, a mental health professional, a social worker, and a peer educator or community health worker. Distribute the handout *Team Care: Comprehensive Lifetime Management for Diabetes*. Explain that this monograph can guide the doctor in forming a diabetes team at his or her practice.
- Address the doctors' feelings about arranging for a team to care for a person with diabetes.

Ask: What are some barriers to such an arrangement? Answers may include:

- Lack of access to a team.
- Reimbursement issues.
- Lack of prior experience with team care.
- The “hassle factor” of making arrangements with the patient’s health plan.

Ask the group to brainstorm about solutions.

Make sure that the following information is brought out in the discussion:

- Tell participants about the availability of free resources from the National Diabetes Education Program on team care, such as the monograph *Team Care: Comprehensive Lifetime Management for Diabetes* and many other materials.



- Refer participants to the Web site ***http://www.betterdiabetescare.nih.gov*** for more examples of team care and additional resources.



- 8. Distribute the handout *The 5As* and say:** You may find this handout on self-management support useful. The “5A” concept was first used in helping people to quit smoking, but the concept applies to diabetes prevention and control as well.



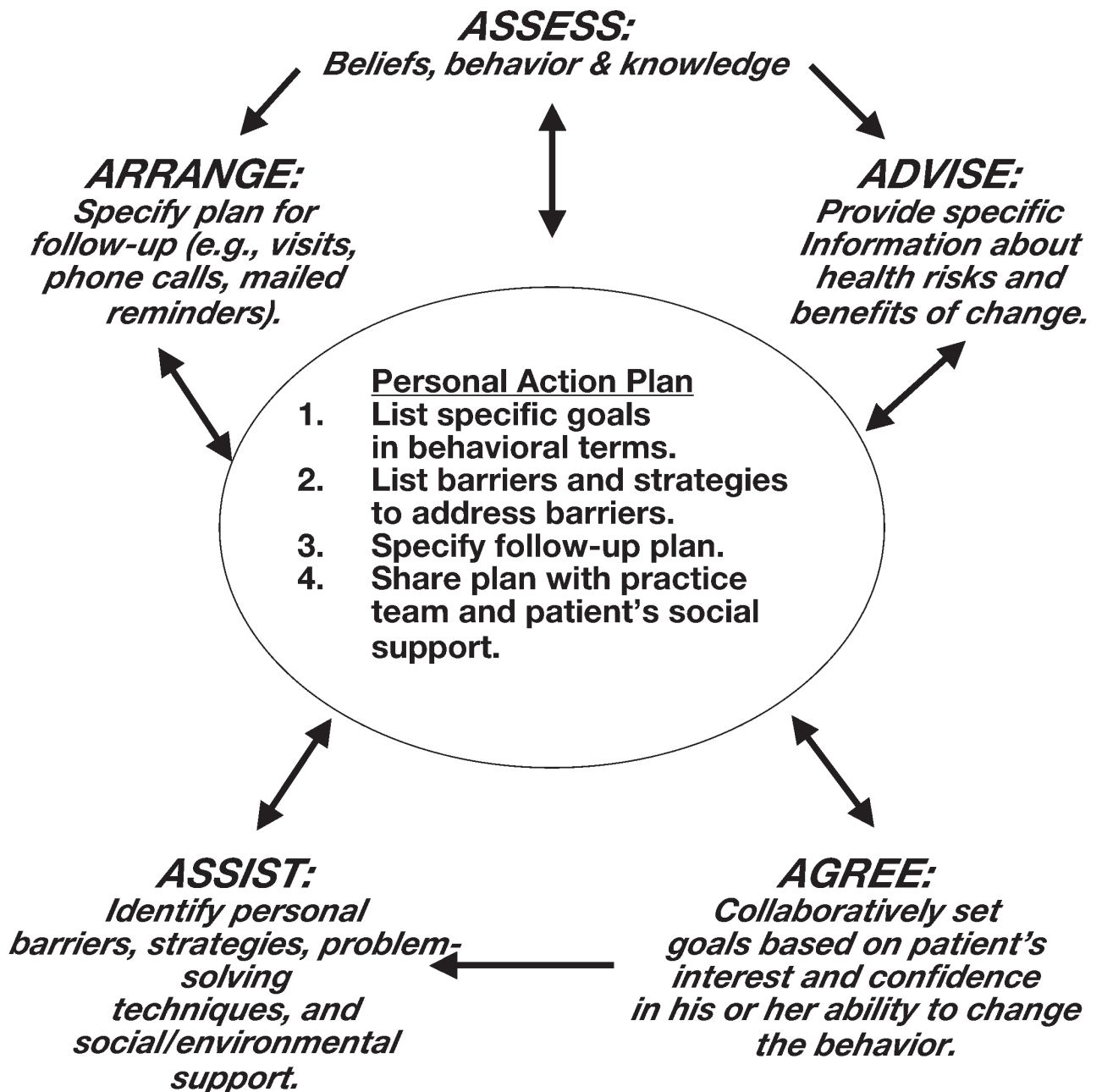
Alternative or Additional Classroom Exercise

Using the handout *Role-Playing Exercise*, ask for volunteers to role-play the part of the health care provider and the part of the patient. First, ask them to play the scene in a contentious manner that escalates as the two people fail to connect. Then, ask the same two participants (or a different set of participants, if desired) to role-play ways in which the health care provider could show respect for the patient, show an understanding of the patient’s emotional stage, and find a way to work with the patient.



Handout for Session Thirteen

The 5As





Handout for Session Thirteen

Role-Playing Exercise

Below are eight potential interactions (drawn from real clinical experiences with some details changed) that could take place between health care providers and their patients with diabetes. Ask participants to think about how each of these encounters might escalate, and about how the health care provider could defuse the situation. Then ask for two volunteers to choose one of the interactions and to act it out in front of the group. Have sets of volunteers act out as many interactions as time allows.

1. **Health Care Provider:** We need to get you a glucose monitor so you can check your blood sugar at home.
Patient: There's no way I am using one of those! All you doctors ever want to do is give shots and run tests. You probably make money off those glucose monitor machines. You doctors are all alike.
2. **Health Care Provider:** We'll need to start you on insulin.
Patient: I won't start insulin.
Health Care Provider: You need to start insulin. Your blood sugar is 400.
Patient: That doesn't matter. I am not taking the needle, and you can't make me.
3. **Health Care Provider:** We need to start you on these pills for your diabetes.
Patient: I don't want any of those toxic drugs. I only take all-natural remedies.
4. **Health Care Provider:** Your blood pressure is high. You need to lose a few pounds.
Patient: Are you saying I'm fat? I like having a little meat on my bones! I am so sick of you skinny know-it-alls telling me I'm fat!
5. **Health Care Provider:** Tobacco and diabetes are a bad combination. If you don't quit smoking, those cigarettes are going to kill you.
Patient: (shrugging) The way I figure it, everybody's got to die of something someday.
6. **Health Care Provider:** If you don't change the way you eat, your diabetes is going to get worse.
Patient: (tearfully) I know, I know! I'm such a weak person, doctor. I am so sorry. I just hate it when I'm a bad girl [or boy] and overeat. Will you forgive me?
7. **Health Care Provider:** Oh, and by the way, your lab tests came back, and you have diabetes.
Patient: Oh my God!
Health Care Provider: So we need to do some tests, and we might need to start you on some medicines. Let's set you up to talk to the dietitian. I'll ask the nurse



to teach you how to use the glucose monitor to check your blood sugar at home. Here's a pamphlet for you that will tell you all about diabetes.

Patient: (still in shock) I have diabetes? Are you sure? Oh, my God, I can't believe it...

8. **Health Care Provider:** How is your blood sugar doing?

Patient: Oh, I don't check it anymore. My cousin gave me this book on Ozone Therapy, so I don't need to worry about my diabetes anymore.

Troubleshooting

Troubleshooting

Every group has its ups and downs and often brings unexpected surprises. The group may have people who tend to dominate the discussion, as well as those who are quiet but have much to contribute. This section is intended to help you with some of the most frequently encountered situations in leading a group discussion.

We don't have a conference room in which to meet.

You don't need one. Someone's living room, a local school classroom, or anywhere that people can sit and feel comfortable expressing their feelings will work. If you plan to show the film before a discussion, you will need a TV monitor and a DVD player, but you may also ask people to watch the film at home before the session if it is airing on a local public television station or if you can lend out the DVD of the film.

Someone in the group has burst into tears! What do I do?

This is a good sign. Those tears needed to come out. The rest of the group may be even more uncomfortable with tears than you are, so it helps to say something like, "Tears are important. We are dealing with a lot of big emotional issues. We are all among friends here, so don't be afraid to cry here. Crying is part of the healing process that lets you go on."

People take cell phone calls, and they interrupt the discussion.

At the beginning of the session ask everyone to turn off his or her cell phone or switch the phone to vibration mode with the ringer off. If people must take calls during the session, tell them that you must ask them to take the calls outside of the room, out of earshot.

People bring their children, and the noise of the children playing is disruptive.

Prepare ahead of time for this possibility. Even if you have told people not to bring children, it happens sometimes. Figure out what options you have for keeping the children busy and away from the group. If possible, arrange to have a VCR player or a DVD player and a TV monitor in another room playing a children's video, or arrange for a babysitter to come during the session to keep the children from interrupting your session. Older children or teenagers could be invited to participate in the session. If the group meets regularly, ask the group how they want to deal with the situation. One possibility is to develop a rotating schedule that arranges for one person each session to stay with the children or to bring someone to stay with the children during the session. If you meet at a nearby school, the children may be able to play under supervision on the school playground.

People expect food at sessions like this, or they bring food that's not healthful.

Food helps people to feel more relaxed, and you do want a comfortable setting in which people can open up. If this is a single session, provide water or sugarless

drinks, fruit, perhaps vegetables and low-fat dip, or low-fat crackers and cheese. Pretzels are a lower fat choice than chips, but they are still high in salt and not the best choice for people with high blood pressure. If you are meeting regularly, discuss this food issue with the group at the first session and ask that only low-fat, low-sugar, healthful snacks are brought.

One person is doing all the talking.

There are a couple of ways to deal with this situation. Sometimes the person who is talking a lot is bringing out good points, and you don't want him or her to stop, but you do want to make sure that everyone has a chance to speak. In that case, every once in a while, explain that you would like to go around the room and ask each person if he or she has anything to say on the topic being discussed. Or you can tell the group that you would like them to adopt some "ground rules" for the discussion. These ground rules would include the provisions that only one person speaks at a time, that there is to be no interrupting, that all opinions are welcome, that there are no right or wrong opinions, and any other provisions that the group deems appropriate. For example, one rule might be that one person may speak for only 2 minutes at a time. Two minutes should give plenty of time for relating an opinion, and even enough time for most personal stories. The "two minute rule" helps to ensure that everyone will have enough time to speak and that one person does not monopolize the discussion.

If some participants continue to break the ground rules, remind the group of these rules. If a person continues to disrupt the class and can't seem to understand that the ground rules apply to him or her, call a break in the session and then speak to the person individually during the break. Two choices for your conversation with this person are:

1. If the person is difficult and disruptive, ask him or her to keep comments brief because others in the group want to speak. Consider establishing the "two minute rule" if you have not already done so. Tell the disruptive person that if he or she cannot follow this rule, you will have no choice but to ask him or her to leave.
2. If you think that the person has goodwill but is having trouble with control, ask him or her to help with the class. You can enlist the person's help with taking notes on the flipchart, distributing handouts, or other duties. Use the person's energy and goodwill to help you.

The DVD player isn't working, and we can't replay the scene.

Try asking for a few volunteers to role-play the scene. It doesn't matter if they don't get it exactly right. Their role playing will show how they remember the emotions of

the scene, and that's the point that we are trying to get at here. This situation might even give you a chance to have volunteers role-play the same scene in a few different ways. Ask the volunteers to role-play different emotions and different ways of helping Calvin.

People are arguing and getting upset when they disagree.

Remind folks that we are dealing with emotions here. There is no right or wrong concerning how someone feels—it just is the way that he or she feels. The point of this discussion is to bring out the many different kinds of emotions that people experience, to talk about how those emotions can help or hurt them, and to explore how to turn emotionally charged events into positive actions. Ask the group: “Can we turn all the powerful energy we are feeling during this discussion into something positive?”

Someone has asked a question about her personal health—for example, whether she should worry about the chest pain she gets sometimes when she is upset.

What should I do?

Questions about personal symptoms must be directed back to the person's health care provider. Don't fall into the trap of trying to give medical advice. That is not your purpose in these sessions.

A lot of medical questions are coming up, and I don't know the answers, or I think I do but I'm not sure. Should I guess?

No. *Don't guess.* Don't give information unless you are absolutely sure of the answer. Tell the group that you don't know but will find out for them. You are strongly encouraged to invite a local health care provider or certified diabetes educator, or someone from the local American Diabetes Association (ADA) chapter, to a session. The focus of the modules in this discussion guide is on emotions and behavior—particularly what stops people from doing the right things to take care of themselves. But you don't want to leave medical questions up in the air. You may be able to find the answers on the Web sites of the National Diabetes Education Program, the Centers for Disease Control and Prevention, or the National Institutes of Health, or from other Web sites listed in the References and Resource section at the back of this guidebook. See the following question.

We want more information. Where can we get it?

You can visit the many Web sites listed in the References and Resource section at the end of this guidebook. You can also call your local American Diabetes Association (ADA) chapter, or call the public inquiries line at the Centers for Disease Control and Prevention (CDC) at 1-877-CDC-DIAB or the National Diabetes Education Program (NDEP) at 1-800-438-5383 to order informational materials.

We want to give you some comments. How can we do this?

Do you have comments to make about this discussion guide? We'd love to have your opinions so that we can improve these materials in future revisions. Please either e-mail your comments to jkelly@cdc.gov or send them by regular mail to:

Dr. Jane Kelly
Director, National Diabetes Education Program
Centers for Disease Control and Prevention (CDC)
Division of Diabetes Translation
Mailstop K-10
4770 Buford Highway
Atlanta, GA 30341

Creating Your Own Panel Discussion

Creating Your Own Panel Discussion

The one-hour film special *The Debilitator* broadcast on public television in Atlanta (WPBA) in April 2005 included a 30-minute panel discussion with a physician, an actor from the film who himself has diabetes, a diabetes educator/dietitian, a local religious leader, and a behavioral psychologist as discussion moderator. For your community event, you may choose to show the Calvin Dixon story first, and then have your own panel discussion by a panel of local health care providers, community leaders, and others. This format can be very effective.

Here are a few suggestions for creating your own half-hour panel discussion:

1. Think first about your goals for the panel. Is the main goal to raise awareness of diabetes, to begin discussion of the emotional and behavioral aspects of living with diabetes, to inspire community leaders to take action, to encourage people to share more with their families or with their doctors, or to communicate more basic facts about diabetes?
2. Once you have established your primary goal, decide who would be the best people to communicate these objectives. Keep in mind, for example, that, if the topic is emotional support, a panel of medical experts might not be as capable of connecting with people as a person with diabetes would be.
3. Limit the number of people on the panel. Three or four people may be enough. Five people plus a moderator speaking for only 5 minutes each would take up the entire half-hour with no time for questions.
4. If the panel is speaking in front of a live audience, consider requesting that questions be submitted in writing on an index card and then turned in to the moderator to read aloud. This format will minimize disruptive, inappropriate questions (an unfortunate occurrence at some events).
5. You don't need to write a precise script for the panelists, but make sure that the moderator has a preplanned list of questions (at least one per panelist) to be used to begin the discussion. Also make sure that each panel member knows which initial questions will be directed to him or her.
6. Include an "action item" (specific suggestions for what the viewing audience can do right now while they are feeling motivated) so that people know what steps they can take after the panel discussion concludes. Give a toll-free number that they can call for more information (a local call-in line or the NDEP number), give a Web site that they can visit, or at least make the recommendation that people talk with their own health care providers. You are welcome to use the same discussion questions that were used in the panel discussion at the end of the film *The Debilitator*.

7. Don't forget evaluation. Develop a form that you can hand out at the beginning and collect at the end of the session to find out whether people found the session helpful, what actions they are planning to take, what other topics they wish you had addressed, and so forth. This feedback will give you much needed information for planning future events, and it will be of greater interest to your sponsors than simply the number of people who attended or heard the program.

References and Resources

References and Resources

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Recommended for Further Reading

If you're a diabetes educator, health care provider, or support group facilitator looking for more guidance, please look at the list below. From dietary advice to inspirational quotes, these selected readings from our reference list provide a nuts-and-bolts compilation of resources for dealing with both the physical and emotional aspects of diabetes.

1. Feste C. *365 Daily Meditations for People with Diabetes*. Alexandria: American Diabetes Association; 2004.

Written by Catherine Feste, a motivational speaker and health educator, this book is a collection of meditations designed to inspire hope and provide guidance for people living with diabetes. Feste weaves together quotes from sources as diverse as Albert Einstein, William Shakespeare, and Buddha with skillful storytelling,

creating a web of emotional and spiritual thoughts that has been described as a “support group in a book.”

2. Gavin J, Landrum S. Dr. Gavin’s Health Guide for African Americans. Alexandria: Small Steps Press; 2004.

Dr. James Gavin III, MD, PhD, Chair of the National Diabetes Education Program and past president of the American Diabetes Association, combines his passion for medicine and his knowledge of African American culture into a practical, easy-to-use reference book on healthy lifestyles. The book covers everything from diabetes and other chronic diseases to the importance of emotions and family support as they relate to a person’s health.

3. *Take Charge of Your Diabetes*. 3rd ed. 2003. (English-language patient guide)
<http://www.cdc.gov/diabetes/pubs/tcyd/index.htm>

Developed by the Centers for Disease Control and Prevention, *Take Charge of Your Diabetes* offers basic information about diabetes care and management. Topics include everything from managing blood sugar levels during sick days to avoiding diabetes-related complications. The book and its online version also provide an assortment of glucose logs for those wishing to keep track of their sugar levels.

Selected Web Resources

Diabetes Prevention Program, Lifestyle Balance
<http://www.bsc.gwu.edu/dpp/manuals.htmlvdoc>

Though *The Debilitator* film deals mostly with what to do when you have diabetes, understanding the importance of prevention is the ultimate key to leading a diabetes-free life. The Diabetes Prevention Program (DPP) Web site provides links to curriculum and information on the DPP in English and Spanish.

Improving Chronic Illness Care, MacColl Institute for Healthcare Innovation
<http://www.improvingchroniccare.org>

Improving Chronic Illness Care, a national program of The Robert Wood Johnson Foundation, is dedicated to the idea that United States health care can do better. The 99 million Americans who suffer from diabetes, depression, and other chronic conditions can lead healthier lives. Providers who care for chronically ill patients can be better supported with guidelines, specialty expertise, and information systems.

National Diabetes Education Program
<http://www.ndep.nih.gov>
<http://www.cdc.gov/diabetes/ndep>
<http://www.diabetesatwork.org>
<http://www.betterdiabetescare.nih.gov>

Centers for Disease Control and Prevention

<http://www.cdc.gov>

National Institute of Diabetes and Digestive and Kidney Diseases

<http://www.niddk.nih.gov>

U.S. Department of Health and Human Services, Steps to a HealthierUS,

<http://www.healthierus.gov>

The Web site provides links to a wide range of topics on nutrition, exercise, obesity, diabetes, and blood pressure.

Links to non-Federal organizations are provided solely as a service to our users. Links do not constitute an endorsement of any organization by NDEP or the federal government, and none should be inferred. The NDEP is not responsible for the content of the individual organization Web pages.

MISSOURI

Missouri Diabetes Prevention and Control Program

Bureau of Cancer and Chronic Disease Control

Missouri Department of Health and Senior Services

P. O. Box 570

920 Wildwood Drive

Jefferson City, MO 65102-0570

Ph: 800-316-0935 or 573-522-2861

FAX: 573-522-2898

Jo Anderson, Coordinator

<http://www.dhss.mo.gov/diabetes>



NDEP Publications & Resources

The NDEP encourages you to visit the Web site www.ndep.nih.gov for descriptions of all items listed below, translations for various ethnic groups, and to find the newest products available to the public.

Control Your Diabetes. For Life.: Publications & Resources for Consumers



4 Steps to Control Your Diabetes. For Life.

(NDEP-67)*

First 25 copies free. Each additional package of 25, \$5. Limit two packages.

7 Principles for Controlling Your Diabetes. For Life.

(NDEP-17)*

First 25 copies free. Each additional package of 25, \$5. Limit two packages.

Control Your Diabetes. For Life. Tips for Feeling Better and Staying Healthy

(NDEP-8)

First 25 copies free. Each additional package of 25, \$5. Limit two packages.

If You Have Diabetes, Know Your Blood Sugar Numbers

(NDEP-10)*

First 25 copies free. Each additional package of 25, \$5. Limit two packages.

The Power to Control Diabetes Is in Your Hands

(NDEP-38)*

First 25 copies free. Each additional package of 25, \$5.

Expanded Medicare Coverage of Diabetes Services Fact Sheet

(NDEP-77)

First 25 copies free. Each additional package of 25, \$5. Limit two packages.

Take Care of Your Feet for a Lifetime

(NDEP-4)*

First 25 copies free. Each additional package of 25, \$5. Limit two packages.

Tips for Helping a Person with Diabetes

(NDEP-57) *

First 25 copies free. Each additional package of 25, \$5. Limit two packages.

Recipe and Meal Planner Guide (Recetas y plan de comidas)

(NDEP-51)*

A bilingual (English and Spanish) meal planner with food photography. Available online only at www.ndep.nih.gov.



Be Smart About Your Heart. Control the ABCs of Diabetes.

Be Smart About Your Heart. Control the ABCs of Diabetes: A1C, Blood Pressure, and Cholesterol
(NDEP-52)*

First 25 copies free. Each additional package of 25, \$5. Limit two packages.

If You Have Diabetes, Take Care of Your Heart (Si tiene diabetes, cuide su corazón)
(NDEP-58)*

An easy-to-read, illustrated, bilingual (Spanish and English) booklet. First 25 copies free. Each additional package of 25, \$5. Limit two packages.

Small Steps. Big Rewards. Prevent Type 2 Diabetes

Small Steps. Big Rewards. Your GAME PLAN for Preventing Type 2 Diabetes: Information for Patients
(NDEP-60)*

This is a four-booklet package. Single set free. Each additional set, \$4. Limit three sets.

Small Steps. Big Rewards. Diabetes Prevention Tip Sheets for High Risk Audiences

The tip sheets are tailored for groups at highest risk for diabetes and supplement the GAME PLAN kits. First 25 copies free. Each additional package of 25, \$5. Limit: two packages of each tip sheet.

More than 50 Ways to Prevent Diabetes (for African Americans)
(NDEP-71)

It's Not Too Late to Prevent Diabetes (for Older Adults)
(NDEP-75)

Get Real! You Don't Have to Knock Yourself Out to Prevent Diabetes (for General Audience)
(NDEP-76)

Publications and Resources for Children and Adolescents

Helping the Student with Diabetes Succeed: A Guide for School Personnel
(NDEP-61)*

Single copy free. Each additional copy, \$3. Limit six copies.

Tips for Kids with Type 2 Diabetes Series

First 25 copies free. Each additional package of 25, \$5. Limit two packages of each tip sheet.

What Is Diabetes?
(NDEP-63)

Be Active
(NDEP-64)

Stay At a Healthy Weight
(NDEP-65)

Eat Healthy
(NDEP-66)

Control Your Diabetes. For Life. : Publications & Resources for Health Care Providers



Diabetes Numbers at-a-Glance Card
(NDEP-12)

Single copy free. Each additional package of 25, \$5. Limit five packages.

Guiding Principles of Diabetes Care

(NDEP-16)

First six copies free. Each additional package of 25, \$5.

Working Together to Manage Diabetes: A Guide for Pharmacists, Podiatrists, Optometrists, and Dental Professionals

(NDEP-54)

Single copy free. Each additional copy, \$1. Limit six copies.

Working Together to Manage Diabetes: Poster

(NDEP-55)

Single copy free. Limit one copy.

Working Together to Manage Diabetes: Diabetes Medications Supplement

(NDEP-54-S)

Single copy free. Each additional copy, \$1. Limit six copies.

Team Care: Comprehensive Lifetime Management for Diabetes

(NDEP-37)

Single copy free. Each additional copy, \$1. Limit six copies.

Feet Can Last a Lifetime: A Health Care Provider's Guide to Preventing Diabetes Foot Problems

(NDEP-2)

Single copy free. Each additional copy, \$3. Limit six copies.

The Power to Control Is in Your Hands, Health Care Practitioner's Kit

(NDEP-50)

Single kits free. Each additional kit, \$1. Limit six kits.

The Power to Control Diabetes Is in Your Hands. Poster

(NDEP-40)

Single copy free. Each additional package of 25, \$5.

The Power to Control Diabetes Is in Your Hands. Countertop Display

(NDEP-42)

Single copy free. Each additional package of 10, \$5.

www.BetterDiabetesCare.nih.gov

This easy-to-use comprehensive resource will help health care providers, educators, policy makers, planners, and purchasers make important changes in systems of care for people with diabetes and achieve exciting results.

Be Smart About Your Heart. Control the ABCs of Diabetes.***Be Smart About Your Heart. Control the ABCs of Diabetes: A1C, Blood Pressure, and Cholesterol.******Photocopy Master***

(NDEP-52PM)

Camera-ready version of NDEP-52. Single copy free. No bulk orders.

If You Have Diabetes, Take Care of Your Heart. Flipchart Presentation (Si tiene diabetes, cuide su corazón. Presentación en rotafolio)

(NDEP-58FC)

A bilingual presentation tool. Single copy free. Each additional copy, \$4. Limit five copies.

Small Steps. Big Rewards. Prevent Type 2 Diabetes***Small Steps. Big Rewards. Your GAME PLAN for Preventing Type 2 Diabetes: Health Care Provider Toolkit***

(NDEP-59)*

Single copy free. Each additional copy, \$5. Limit three copies.

Publications and Resources for Organizations***Control Your Diabetes. For Life. Campaign Guide for Partners***

(NDEP-15)

This 58-page how-to guide is designed to help partner organizations disseminate the *Control Your Diabetes. For Life.* campaign messages. Single copy free. Each additional copy, \$3.***Diabetes Community Partnership Guide***

(NDEP-21)

This how-to kit contains ideas, tools, and guidelines for community partnerships and diabetes activities. Single copy free. Each additional copy, \$3. Limit six copies.

Five Communities Reach Out Videotape (VHS)

(NDEP-36)

This powerful 22-minute video and accompanying guide show how different communities can work together and use available resources to improve diabetes control. The video can be used as part of a community action-planning workshop when combined with the NDEP publication *Diabetes Community Partnership Guide* (NDEP-21). Single copies \$10 each.***Making a Difference: The Business Community Takes on Diabetes***

(NDEP-33)*

This white paper is a call to action for business leaders to become involved in workplace and community activities to control diabetes-related complications. Single copy free. Each additional copy, \$1.

Team Care: Comprehensive Lifetime Management for Diabetes

(NDEP-37)

This report was created to help organizational leaders in health care systems and health care purchasers implement multidisciplinary team care for people with diabetes in all clinical settings. Single copy free. Each additional copy, \$1. Limit six copies.

www.DiabetesAtWork.org

This online diabetes and health resource kit helps businesses and managed care companies to assess the impact of diabetes in the workplace. It also provides easy-to-understand information for employers to help their employees manage their diabetes and take steps toward reducing the risk for diabetes-related complications such as heart disease.

NDEP Publications Order Form

We regret that we cannot provide more than the limits noted. We hope the photocopy masters, commercial printer-ready CDs, and online versions will encourage you to create your own inventory. Remember: All our publications are copyright-free and are on the web at www.ndep.nih.gov. Duplicate and distribute as many copies of these materials as you like. In the space provided, please include the name/publication number, quantity and cost of the items(s) you would like to order.

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Please return this order form with your payment to:

National Diabetes Information Clearinghouse

1 Information Way, Bethesda, MD 20892-3560

Phone: 1-800-860-8747 (for bulk orders or CDs) or 1-800-438-5383 (for no cost orders)

Fax: (703) 738-4929

Email: ndic@info.niddk.nih.gov

REQUEST FOR VIDEOS

MAIL TO: Missouri Department of Health and Senior Services
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INSTRUCTIONS

- **TYPE or PRINT.** Please list the videos in order by showing date(s). Fill out the bottom of the form completely. Requester's signature is required. If you have any questions you may contact the Video Library at (573) 751-6048.
- **Submit the white and canary copy** to the above address or fax to (573) 751-1574 at least ten (10) days in advance of the date you plan to show the video. After we receive your request the canary copy will be sent back to you with a confirmation.

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CITY		STATE	ZIP
REQUESTER'S SIGNATURE 		DATE	THIS SPACE FOR OFFICE USE ONLY
REQUESTER'S COMMENTS:			
			DATE VERIFIED: _____ COMMENTS:

Missouri Department of Health and Senior Services

Audio Visual Program

Procedures for Requesting Videos

Due to the high demand for audio visuals from all Missouri residents and the high cost to replace them, we will not allow more than five videos to be checked out during any one period of time. All videos must be returned before your next reservation will be shipped to you.

Submit requests for audio visuals at least ten business days prior to the date of your showing. We will accept reservations up to, but not more than, three months in advance. Videos are sent by UPS (United Parcel Service) six days prior to your scheduled showing.

Videos may be borrowed by Missouri residents.

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Mail your request to: Missouri Department of Health and Senior Services
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or fax a copy of your request to (573) 751-1574.

1. Some videos have similar titles. Please include the complete title of the requested video and the six-digit title number located in the upper left corner of each video description. This will ensure that you receive the correct one.
2. Be sure to enter the date(s) you plan to show the video (for example 12/1/02 - 12/10/02) and an alternate date in case the video is not available at that time.
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It is the borrower's responsibility to return all materials promptly including teacher's guides and handouts, as well as to pay for any lost or damaged resources due to negligence or mailing error.

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1. Each audio visual should be adequately packaged for return to avoid damage during shipping.
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Please call (573) 751-6048 if you have questions.

For information on other audio visuals available, you can request an audio visual catalog or access the catalog electronically at <http://www.dhss.mo.gov/warehouse/AudioVisualCatalog.htm>.

To order *The Debilitator* film use the following number and title:

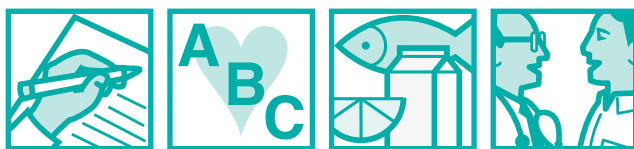
VH004878 The Debilitator (for VHS format)

DV0007 The Debilitator (for DVD format)

Handouts

4

Steps to Control Your Diabetes for Life



Diabetes

1-800-316-0935

Missouri Department of Health & Senior Services
Bureau of Cancer and Chronic Disease Control
www.dhss.mo.gov/diabetes

Control your
diabetes.
For Life.

Contents

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My Diabetes Care Record	11
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4 Steps to Control Your Diabetes for Life

This booklet presents four key steps to help you control your diabetes and live a long and active life.

Step 1 Learn about diabetes.

Step 2 Know your diabetes ABCs.

Step 3 Manage your diabetes.

Step 4 Get routine care.

Diabetes is a serious disease. It affects almost every part of the body. That is why a team of people may help you take care of your diabetes:

- doctors
- diabetes educators
- nurses
- dietitians
- eye and foot doctors
- pharmacists
- dentists
- mental health and social workers
- your friends and family

✓ **Talk to your health care team about your special needs.**

✓ **Work with your team to manage your diabetes.**

The ✓ marks in this booklet show actions you could take.

Step 1

Learn about diabetes.

Diabetes means that your blood glucose (blood sugar) is too high. There are two main types of diabetes.

Type 1 diabetes—the body does not make insulin. Insulin helps the body use glucose from food for energy. People with type 1 need to take insulin every day.

Type 2 diabetes—the body does not make or use insulin well. People with type 2 often need to take pills or insulin. Type 2 is the most common form of diabetes.

All people with diabetes need to eat healthy foods, stay at a healthy weight, and be active every day.

Diabetes is a serious disease.

Terms such as “a touch of diabetes” or “your sugar is a little high” suggest that diabetes is not a serious disease. That is not correct and these terms should not be used.

Taking good care of diabetes will help you feel better and avoid the health problems diabetes can cause such as:

- heart disease and stroke
- eye disease that can lead to vision problems or even going blind
- nerve damage that can cause your hands and feet to feel numb or tingle and that can lead to loss of a foot or a leg
- kidney problems
- gum disease and loss of teeth

When your diabetes is in good control, you are more likely to feel better and:

- be less tired and thirsty

- urinate less often
- heal better and have fewer gum, skin, or bladder infections
- be less likely to have blurry vision or numb hands or feet

Some people are more likely to get diabetes.

Some people may have a higher chance of getting diabetes. They should ask their doctor if they need to be tested for diabetes.

These include people who

- are ages 45 and older
- are overweight
- are African American, Hispanic/Latino American, Asian American or Pacific Islander, or American Indian
- have a parent, brother, or sister with diabetes
- have high blood pressure (above 140/90)
- have low HDL (good cholesterol) and high levels of blood fats
- have had diabetes when pregnant or gave birth to a large baby (over 9 pounds)
- are active less than three times a week

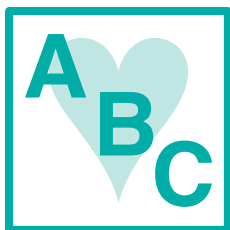
✓ **Ask your health care team what type of diabetes you have or if you should be tested for diabetes.**

✓ **Know why diabetes is serious.**

✓ **Know who is more likely to get diabetes.**

Step 2

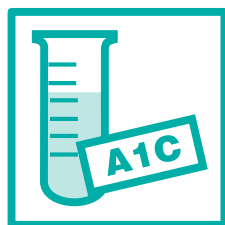
Know your diabetes ABCs.



Manage your **A**1C (blood glucose or sugar), **B**lood pressure, and **C**holesterol. This will help lower your chances of having a heart attack, a stroke, or other diabetes problems. These are called the ABCs of diabetes.

A is for the **A1C test**.

It shows how well your blood glucose has been controlled over the last 3 months. It should be checked at least twice a year.



The goal for most people is less than 7.

High blood glucose levels can harm your kidneys, feet, and eyes.

B is for **blood pressure**.

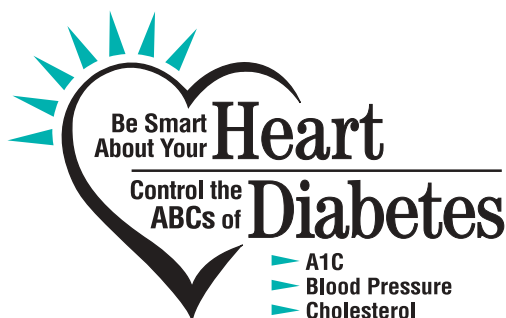
The goal for most people is 130/80.

High blood pressure makes your heart work too hard. It can cause heart attack, stroke, and kidney disease.

C is for **cholesterol**.

The LDL goal for most people is less than 100.

Bad cholesterol, or LDL, can build up and clog your blood vessels. It can cause a heart attack or a stroke.



✓ **Ask your health care team:**

- What are my **A1C** (blood glucose), **B**lood pressure, and **C**holesterol numbers?
- What should my **ABC** numbers be?

✓ **Write down your numbers on the record card at the back of this booklet.**

Step 3

Manage your diabetes.

Many people avoid the long-term problems of diabetes by taking good care of themselves and the ABCs of diabetes. Work with your health care team, friends, and family to make healthy lifestyle choices and reach your ABC goals.

♥ **Follow your diabetes food plan.** If you do not have one, ask your health care team about it.

♥ **Eat the right portions of healthy foods** such as fruits and vegetables (5 to 9 servings a day), fish, lean meats, dry beans, whole grains, and low-fat or skim milk and cheese.

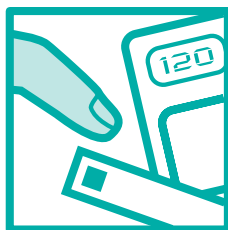
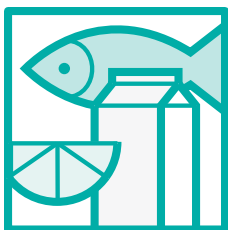
♥ **Eat foods that have less salt and fat.**

♥ **Get 30 to 60 minutes of activity** on most days of the week.

♥ **Stay at a healthy weight**—by being active and eating the right amounts of healthy foods.

♥ **Stop smoking**—seek help to quit.

♥ **Take medicines** the way your doctor tells you. Ask if you need aspirin to prevent heart attack or stroke.



♥ **Check your feet every day** for cuts, blisters, red spots, and swelling. Call your health care team right away about any sores that won't heal.

♥ **Brush your teeth and floss every day** to avoid problems with your mouth, teeth, or gums.

♥ **Check your blood glucose** the way your doctor tells you to.

- ✓ **Work with your health care team to manage your diabetes and stay healthy.**
- ✓ **If you have Medicare Part B, ask your health care team how to get some of the cost paid for**
 - **learning about diabetes self-care.**
 - **special shoes, if you need them.**

Step 4

Get routine care.

See your health care team **at least twice a year** to find and treat problems early. Follow this plan.



At each visit get a:

- ☐ **B**lood pressure check (if over 130/80, ask what steps to take to reach your goal)
- ☐ Weight check
- ☐ Foot check

Two times each year get:

- ☐ **A**1C check (check more often if over 7)
- ☐ Dental exams to prevent gum disease and loss of teeth. Tell your dentist you have diabetes.

Once each year get a:

- ☐ **C**holesterol check (if LDL is over 100, ask what steps to take to reach your goal)
- ☐ Dilated eye exam to check for eye problems
- ☐ Complete foot exam to check on foot health
- ☐ Urine and blood tests to check for kidney problems
- ☐ Flu shot



At least once get a:

- ☐ Pneumonia shot

✓ **Ask your team about these and other tests you may need.**

✓ **Use the diabetes care record at the back of this booklet to keep a record of your diabetes care.**

Notes

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

My Diabetes Care Record

A1C (Blood Glucose) – At least twice each year
Usual goal: less than 7 **My Goal:** _____

Date						
Result						

BLOOD PRESSURE (BP) – Each visit
Usual goal: less than 130/80 **My Goal:** _____

Date						
Result						

CHOLESTEROL (LDL) – Once each year
Usual goal: less than 100 **My Goal:** _____

Date						
Result						

WEIGHT – Each visit **My Goal:** _____

Date						
Result						



My Diabetes Care Record

Diabetes Care

Date

Result

Each visit

Foot check

Weight check

Twice each year

Dental exam

Once each year

Dilated eye exam

Complete foot exam

Kidney check

Flu shot

At least once

Pneumonia shot

Where to get help:

American Association of Diabetes Educators

1-800-TEAM-UP4 (800-832-6874)

www.diabeteseducator.org

American Diabetes Association

1-800-DIABETES (800-342-2383)

www.diabetes.org

American Dietetic Association

1-800-366-1655 (in English and Spanish)

www.eatright.org

Centers for Disease Control and Prevention

1-877-232-3422

www.cdc.gov/diabetes

Centers for Medicare & Medicaid Services

1-800-MEDICARE or (800-633-4227)

www.medicare.gov/health/diabetes.asp

National Diabetes Education Program

1-800-438-5383

www.ndep.nih.gov

National Institute of Diabetes and Digestive and Kidney Diseases / National Diabetes Information Clearinghouse

1-800-860-8747 (in English and Spanish)

www.niddk.nih.gov



National Diabetes Education Program

1-800-438-5383

www.ndep.nih.gov



The National Diabetes Education Program (NDEP) is a joint program of the National Institutes of Health and the Centers for Disease Control and Prevention.

NIH Publication No. 04-5492
December 2003



Diabetes

Numbers to know...

The targets listed below are suggested by the National Institutes of Health and the American Diabetes Association. Talk to your health care provider about your ABC targets.

Tests	Target	How Often?
A1C (glucose average)	Below 7*	At least twice a year
Blood Pressure	Below 130/80	At every visit
Cholesterol (LDL)	Below 100	At least once a year

*An A1C of 7 equals an average blood glucose of 150.

Name

Diabetes Care Provider

Diabetes Care Provider Telephone

Emergency Phone Number

Insurance ID Number



For more information, visit the National Diabetes Education Program at <http://ndep.nih.gov> on the Internet.

Need help?

American Association of Diabetes Educators

800-TEAM-UP4

www.aadenet.org

American Diabetes Association

800-DIABETES

www.diabetes.org

American Dietetic Association

800-366-1655

www.eatright.org

American Heart Association

800-AHA-USA1

www.americanheart.org

Centers for Disease Control and Prevention

877-232-3422

www.cdc.gov/diabetes

National Heart, Lung, and Blood Institute

301-592-8573

www.nhlbi.nih.gov

National Institute of Diabetes and Digestive and Kidney Diseases National Diabetes Information Clearinghouse

800-860-8747

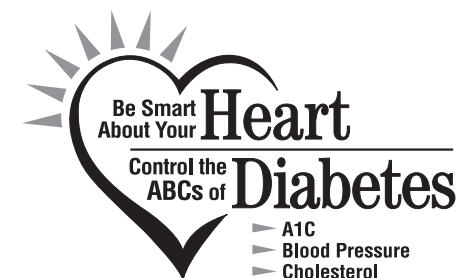
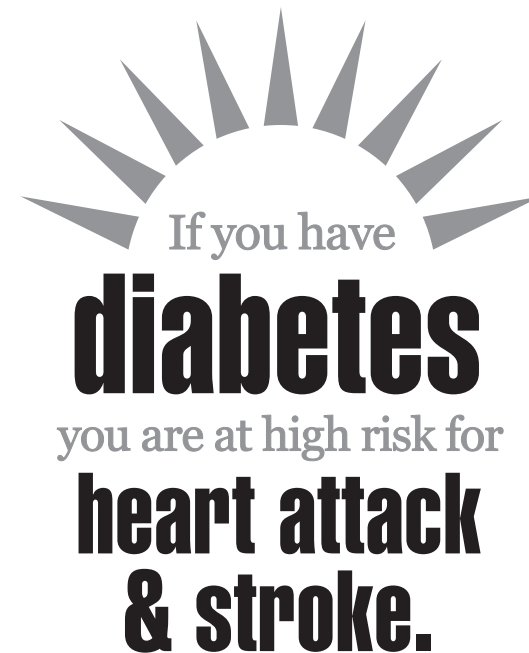
www.niddk.nih.gov

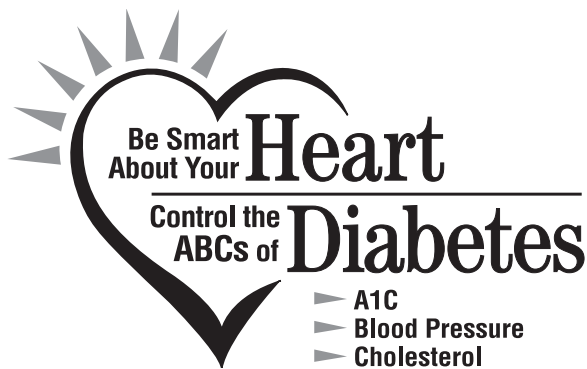


The National Diabetes Education Program is a joint program of the National Institutes of Health and the Centers for Disease Control and Prevention.

Website: <http://ndep.nih.gov>

NDEP-52, March 2005





If you have diabetes, you are at high risk for heart attack and stroke.

Heart disease is more likely to strike you—and at an earlier age—than someone without diabetes.

But you can fight back. Be smart about your heart. Take control of the ABCs of diabetes and live a long and healthy life.

A is for A1C

The A1C (A-one-C) test—short for hemoglobin. A1C—measures your average blood glucose (sugar) over the last 3 months.
Suggested target: below 7

B is for blood pressure

High blood pressure makes your heart work too hard.

Suggested target: below 130/80

C is for cholesterol

Bad cholesterol, or LDL, builds up and clogs your arteries.

Suggested LDL target: below 100

Ask your health care provider these questions:

- 1 What are my ABC numbers?
- 2 What should my ABC target numbers be?
- 3 What actions should I take to reach my ABC target numbers?

Take action now to lower your risk for heart attack and stroke and other diabetes problems:

- ♥ Get physical activity every day.
- ♥ Eat less fat and salt.
- ♥ Eat more fiber—choose whole grains, fruits, vegetables and beans.
- ♥ Stay at a healthy weight.
- ♥ Stop smoking—ask your provider for help.
- ♥ Take medicines as prescribed.
- ♥ Ask your doctor about taking aspirin.
- ♥ Ask others to help you manage your diabetes.

Be smart about your heart!

Missouri Diabetes Prevention & Control Program

This brochure was supported by Grant/Cooperative Agreement Number U32/CCU722693-02 from Centers for Disease Control and Prevention (CDC).

Alternate forms of this publication for persons with disabilities may be obtained by contacting the Missouri Department of Health and Senior Services, Unit of Chronic Disease Control, P.O. Box 570, Jefferson City, MO 65102-0570, (573) 522-2861.

Hearing impaired citizens telephone 1-800-735-2966.
EEO/AAP Services provided on a non-discriminatory basis.

Keep a record of your ABCs!

Detach this card and keep it in your wallet so you can track your ABCs when you visit your health care provider. Work with your provider to reach your target numbers.

My ABCs Record

A1C (Glucose average)		My A Target _____		
Date				
Result				
Blood Pressure		My B Target _____		
Date				
Result				
Cholesterol (LDL)		My C Target _____		
Date				
Result				

My ABC Medicines

A1C (Glucose average) _____

Blood Pressure _____

Cholesterol (LDL) _____

If you have diabetes... know your blood sugar numbers!

Taking control of your diabetes can help you feel better and stay healthy. Research shows that keeping your blood glucose (blood sugar) close to normal reduces your chances of having eye, kidney, and nerve problems. To control your diabetes, you need to know your blood glucose numbers and your target goals.

There are two different tests to measure your blood glucose.

1



The A1C test (*pronounced A-one-C*) reflects your average blood glucose level **over the last 3 months**. It is the best way to know your overall blood glucose control during this period of time. This test used to be called hemoglobin A-1-C or H-b-A-1-C.

2



The blood glucose test you do yourself uses a drop of blood and a meter that measures the level of glucose in your blood at the time you do the test. This is called self-monitoring of blood glucose (SMBG).

You and your health care team need to use both the A1C and SMBG tests to get a complete picture of your blood glucose control.



Control your diabetes.
For Life.

1-800-438-5383

www.ndep.nih.gov



Diabetes

1-800-316-0935

Missouri Department of Health & Senior Services
Bureau of Cancer and Chronic Disease Control
www.dhss.mo.gov/diabetes

The A1C Test

The Best Measure of Long-Term Diabetes Control



What is the A1C test?

The A1C test is a simple lab test that reflects your average blood glucose level over the last 3 months. A small blood sample to check your A1C can be taken at any time of the day.

Why should I have an A1C test?

The A1C test is the best test for you and your health care team to know how well your treatment plan is working over time. The test shows if your blood glucose levels have been close to normal or too high. The higher the amount of glucose in your blood, the higher your A1C result will be. A high A1C result will increase your chances for serious health problems.

What is a good A1C goal?

You and your health care team should discuss the A1C goal that is right for you. For most people with diabetes, the A1C goal is less than 7. An A1C higher than 7 means that you have a greater chance of eye disease, kidney disease, or nerve damage. Lowering your A1C—by any amount— can improve your chances of staying healthy.

If your number is 7 or more, or above your goal, ask your health care team about changing your treatment plan to bring your A1C number down.

Level of Control	A1C Number
Normal	6 or less
Goal	less than 7
Take action	7 or more

If I am pregnant, what is my A1C goal?

Keeping your A1C less than 6 if you are pregnant will help ensure a healthy baby. If possible, women should plan ahead and work to get their A1C below 6 before getting pregnant.

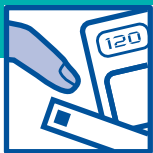
How often do I need an A1C test?

Ask for an A1C test at least twice a year. Get the test more often if your blood glucose stays too high or if your treatment plan changes.

What about home testing for A1C?

You and your health care team should decide if home testing is a good idea for you. If so, be sure to do the test the correct way and **discuss the results with your doctor.**

Checking Your Own Blood Glucose



The Best Test for Day-to-Day Diabetes Control

Why should I check my blood glucose?

Self monitoring of blood glucose, or SMBG, with a meter helps you see how food, physical activity, and medicine affect your blood glucose levels. **The readings you get can help you manage your diabetes day by day or even hour by hour.** Keep a record of your test results and review it at each visit with your health care team.

How do I test my own blood glucose?

To do SMBG, you use a tiny drop of blood and a meter to measure your blood glucose level. Be sure you know how to do the test the correct way. Also, ask your health care team whether your meter gives the results as plasma or whole blood glucose. Most new meters provide the results as plasma glucose.

What is a good self-testing blood glucose goal?

Set your goals with your health care team. Blood glucose goals for most people with diabetes when self-testing are on these charts.

Plasma Values

Before meals	90 – 130
1 to 2 hours after meals	less than 180

Whole Blood Values

Before meals	80 – 120
1 to 2 hours after meals	less than 170

How often should I check my blood glucose?

Self-tests are usually done before meals, after meals, and/or at bedtime. People who take insulin usually need to test more often than those who do not take insulin. Ask your health care team when and how often you need to check your blood glucose.

If I test my own blood glucose, do I still need the A1C test?

Yes. The results of both SMBG and A1C tests help you and your health care team to manage your diabetes and get a complete picture of your diabetes control.

Does my insurance pay for the A1C test, self-testing supplies, and education?

Most states have passed laws that require insurance coverage of SMBG supplies and diabetes education. Check your coverage with your insurance plan. Medicare covers most of the cost of diabetes test strips, lancets (needles used to get a drop of blood), and blood glucose meters for people who have diabetes. Ask your health care team for details about Medicare's coverage of the A1C

test, diabetes supplies, diabetes education, and nutrition counseling. For more information, visit the Medicare website at www.medicare.gov.

How do blood glucose self-testing results compare with A1C test results?

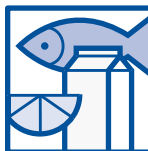
Here is a chart from the American Diabetes Association to show you how your blood glucose testing results are likely to match up with your A1C results. As the chart shows, the higher your self-testing numbers are over a 3-month period, the higher your A1C result is going to be.

A1C Level	Average self-test glucose numbers (plasma)
12	345
11	310
10	275
9	240
8	205
7	170
6	135

What other numbers do I need to know to control my diabetes?

People with diabetes are at high risk for heart attack and stroke. That is why people with diabetes need to control their blood pressure and cholesterol levels as well as their blood glucose levels. Be smart about your heart and take control of the **ABCs of diabetes: A1C, Blood pressure, and Cholesterol.**

Take Control of Your Blood Glucose.



1. Talk to your health care team about your A1C goals and your SMBG goals.
2. Ask for an A1C test at least twice a year.
3. Ask your health care team what your A1C number is, what it means, what it should be, and what you need to do to reach your A1C goal.
4. Check your own blood glucose as often as needed and go over the results at each visit with your doctor and health care team.
5. To keep your blood glucose under control, eat the right foods in the right amounts. Get regular physical activity as advised by your health care team. Take medicines that have been prescribed for you.
6. Ask your health care team about your blood pressure and cholesterol numbers and what your goals should be.

How You Can Help Your Loved One with Diabetes

Diabetes is tough. When you have diabetes, you need to eat healthy food, stay active, control your weight, take your medicine, and check your blood glucose (sugar) to see how you are doing. And that's on top of handling all the other things in life! No wonder a person with diabetes can feel stressed out and afraid.

Good diabetes care also means controlling the **ABCs of diabetes** to avoid having a heart attack, a stroke, or other diabetes

problems. **A is for the A1C test** that measures blood glucose control, **B is for blood pressure**, and **C is for cholesterol**.

You want the best for your loved ones with diabetes—whether they are family members or friends. Maybe you are looking for ways to ease the pressure your mother feels. Or maybe you would like to help your husband take better control of his diabetes. It's a hard disease to handle alone. You can make a big difference in how well your loved one copes with diabetes.

Use these tips to get started today.

tip 1 Learn about diabetes.

There is a lot to learn about living well with diabetes. Treatment is changing and we are learning more every day. You can use what you learn to help your loved one.

- Attend a class.
- Look on the Internet.
- Ask the doctor or nurse how you can learn more.

tip 2 Understand your loved one's diabetes.

Each person's experience with diabetes is different. What things are hard for your friend to manage? What things are easy?

tip 3 Find out what your loved one needs.

Try asking these three questions.

- What do I do that helps you with your diabetes?
- What do I do that makes it harder for you to manage your diabetes?
- What can I do to help you more than I do now?

tip 4 Talk about your feelings.

Diabetes affects you, too. Telling your loved one how you feel can help both of you.

tip 5 Offer practical help.

Instead of nagging, find ways to be helpful. Ask what would help your loved one most.

- Offer to go to the doctor with your father or mother.
- Take a walk with your wife.
- Cook a tasty and healthy meal for a friend.

tip 6 Try a new approach.

When things aren't going right, try something new. Find one thing that works and build from there.

tip 7 Get help.

Many people can help you help your loved one with diabetes.

- Find a diabetes support group in the health section of your newspaper or on the Internet.
- Ask your health care provider about ways to get help if your loved one is sad or depressed.
- See the resource list for groups to contact.

Continued on the reverse.

Get started today.

I will take these three actions to help my loved one:

By When:

- ① _____
- ② _____
- ③ _____

Where to go for help.

■ American Association of Diabetes Educators

1-800-338-3633 or www.diabeteseducator.org

Find the name of an educator and resources in your community to help you learn about diabetes.

■ American Diabetes Association

1-800-DIABETES or www.diabetes.org

Ask for information about diabetes care.

■ American Dietetic Association

1-800-877-1600 or www.eatright.org

Find a dietitian to help you and your loved ones eat healthy foods.

■ Juvenile Diabetes Research Foundation International

1-800-JDF-CURE or www.jdrf.org

Find out about type 1 diabetes.

■ National Diabetes Education Program

1-800-438-5383 or www.ndep.nih.gov

Call or visit the website for information about diabetes prevention and control.

■ National Institute of Diabetes and Digestive and Kidney Diseases

National Diabetes Information Clearinghouse

1-800-860-8747 or www.diabetes.niddk.nih.gov

Find out more about diabetes self-care.

■ Centers for Disease Control and Prevention

Division of Diabetes Translation

1-877-232-3422 or www.cdc.gov/diabetes

Click on "State-based Programs" for information on government contacts in your state.



A Joint Program of the National
Institutes of Health and the Centers
for Disease Control and Prevention

Diabetes 1-800-316-0935
Missouri Department of Health & Senior Services
Bureau of Cancer and Chronic Disease Control
www.dhss.mo.gov/diabetes



American Association of
Diabetes Educators





Am I at Risk for type 2 Diabetes?

Taking Steps to
Lower the Risk of
Getting Diabetes



Am I at Risk for Type 2 Diabetes?

Taking Steps to Lower the Risk
of Getting Diabetes

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Besides age and overweight, what other factors increase my risk for type 2 diabetes?	5
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What is type 2 diabetes?

Diabetes is a disease in which blood glucose levels are above normal. People with diabetes have problems converting food to energy. After a meal, food is broken down into a sugar called glucose, which is carried by the blood to cells throughout the body. Cells use the hormone insulin, made in the pancreas, to help them process blood glucose into energy.

People develop type 2 diabetes because the cells in the muscles, liver, and fat do not use insulin properly. Eventually, the pancreas cannot make enough insulin for the body's needs. As a result, the amount of glucose in the blood increases while the cells are starved of energy. Over the years, high blood glucose damages nerves and blood vessels, leading to complications such as heart disease, stroke, blindness, kidney disease, nerve problems, gum infections, and amputation.

How can type 2 diabetes be prevented?

Although people with diabetes can prevent or delay complications by keeping blood glucose levels close to normal, preventing or delaying the development of type 2 diabetes in the first place is even better. The results of a major federally funded study, the Diabetes Prevention Program (DPP), show how to do so.

This study of 3,234 people at high risk for diabetes showed that moderate diet and exercise resulting in a 5- to 7-percent weight loss can delay and possibly prevent type 2 diabetes.

Study participants were overweight and had higher than normal levels of blood glucose, a condition called pre-diabetes (impaired glucose tolerance). Both pre-diabetes and obesity are strong risk factors for type 2 diabetes.





Am I at Risk for Type 2 Diabetes?

Because of the high risk among some minority groups, about half of the DPP participants were African American, American Indian, Asian American, Pacific Islander, or Hispanic American/Latino.

The DPP tested two approaches to preventing diabetes: a healthy eating and exercise program (lifestyle changes), and the diabetes drug metformin. People in the lifestyle modification group exercised about 30 minutes a day 5 days a week (usually by walking) and lowered their intake of fat and calories. Those who took the diabetes drug metformin received standard information on exercise and diet. A third group received only standard information on exercise and diet.

The results showed that people in the lifestyle modification group reduced their risk of getting type 2 diabetes by 58 percent. Average weight loss in the first year of the study was 15 pounds. Lifestyle modification was even more effective in those 60 and older. They reduced their risk by 71 percent. People receiving metformin reduced their risk by 31 percent.

What are the signs and symptoms of type 2 diabetes?

Many people have no signs or symptoms. Symptoms can also be so mild that you might not even notice them. Nearly six million people in the United States have type 2 diabetes and do not know it.


Here is what to look for:

- increased thirst
- increased hunger
- fatigue
- increased urination, especially at night
- weight loss
- blurred vision
- sores that do not heal

Types of Diabetes

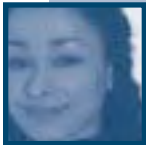
The three main kinds of diabetes are type 1, type 2, and gestational diabetes.

Type 1 Diabetes




Type 1 diabetes, formerly called juvenile diabetes or insulin-dependent diabetes, is usually first diagnosed in children, teenagers, or young adults. In this form of diabetes, the beta cells of the pancreas no longer make insulin because the body's immune system has attacked and destroyed them. Treatment for type 1 diabetes includes taking insulin shots or using an insulin pump, making wise food choices, exercising regularly, taking aspirin daily (for some), and controlling blood pressure and cholesterol.

Type 2 Diabetes



Type 2 diabetes, formerly called adult-onset or noninsulin-dependent diabetes, is the most common form of diabetes. People can develop type 2 diabetes at any age, even during childhood. This form of diabetes usually begins with insulin resistance, a condition in which fat, muscle, and liver cells do not use insulin properly. At first, the pancreas keeps up with the added demand by producing more insulin. In time, however, it loses the ability to secrete enough insulin in response to meals. Being overweight and inactive increases the chances of developing type 2 diabetes. Treatment includes taking diabetes medicines, making wise food choices, exercising regularly, taking aspirin daily, and controlling blood pressure and cholesterol.

Gestational Diabetes



Some women develop gestational diabetes during the late stages of pregnancy. Although this form of diabetes usually goes away after the baby is born, a woman who has had it is more likely to develop type 2 diabetes later in life. Gestational diabetes is caused by the hormones of pregnancy or a shortage of insulin.



Am I at Risk for Type 2 Diabetes?

Sometimes people have symptoms but do not suspect diabetes. They delay scheduling a checkup because they do not feel sick. Many people do not find out they have the disease until they have diabetes complications, such as blurry vision or heart trouble. It is important to find out early if you have diabetes because treatment can prevent damage to the body from diabetes.

Should I be tested for diabetes?

Anyone 45 years old or older should consider getting tested for diabetes. If you are 45 or older and overweight (see BMI chart on pages 10 and 11), it is strongly recommended that you get tested. If you are younger than 45, overweight, and have one or more of the risk factors on page 5, you should consider testing. Ask your doctor for a fasting blood glucose test or an oral glucose tolerance test. Your doctor will tell you if you have normal blood glucose, pre-diabetes, or diabetes.



What does it mean to have pre-diabetes?

It means you are at risk for getting type 2 diabetes and heart disease. The good news is if you have pre-diabetes you can reduce the risk of getting diabetes and even return to normal blood glucose levels. With modest weight loss and moderate physical activity, you can delay or prevent type 2 diabetes. If your blood glucose is higher than normal but lower than the diabetes range (what we now call pre-diabetes), have your blood glucose checked in 1 to 2 years.

Besides age and overweight, what other factors increase my risk for type 2 diabetes?

To find out your risk for type 2 diabetes, check each item that applies to you.

- ☐ I have a parent, brother, or sister with diabetes.
- ☐ My family background is African American, American Indian, Asian American, Pacific Islander, or Hispanic American/Latino.
- ☐ I have had gestational diabetes, or I gave birth to at least one baby weighing more than 9 pounds.
- ☐ My blood pressure is 140/90 or higher, or I have been told that I have high blood pressure.
- ☐ My cholesterol levels are not normal. My HDL cholesterol ("good" cholesterol) is 35 or lower, or my triglyceride level is 250 or higher.
- ☐ I am fairly inactive. I exercise fewer than three times a week.



Am I at Risk for Type 2 Diabetes?

What can I do about my risk?

You can do a lot to lower your chances of getting diabetes. Exercising regularly, reducing fat and calorie intake, and losing weight can all help you reduce your risk of developing type 2 diabetes. Lowering blood pressure and cholesterol levels also help you stay healthy.

If you are overweight

Then take these steps:

- Reach and maintain a reasonable body weight (see page 8).
- Make wise food choices most of the time (see page 9).
- Be physically active every day (see page 9).

If you checked

- ☐ I am fairly inactive.

Then take this step:

- Be physically active every day (see page 9).

If you checked

- ☐ My blood pressure is 140/90 or higher.

Then take these steps:

- Reach and maintain a reasonable body weight (see page 8).
- Make wise food choices most of the time (see page 9).
- Reduce your intake of salt and alcohol.
- Be physically active everyday (see page 9).
- Talk to your doctor about whether you need medicine to control your blood pressure (see page 12).



Taking Steps to Lower the Risk of Getting Diabetes

If you checked

- ☐ My cholesterol levels are not normal.

Then take these steps:

- Make wise food choices most of the time (see page 9).
- Be physically active every day (see page 9).
- Talk to your doctor about whether you need medicine to control your cholesterol levels (see page 12).

Doing My Part: Getting Started

Making big changes in your life is hard, especially if you are faced with more than one change. You can make it easier by taking these steps:

- Make a plan to change behavior.
- Decide exactly what you will do and when you will do it.
- Plan what you need to get ready.
- Think about what might prevent you from reaching your goals.
- Find family and friends who will support and encourage you.
- Decide how you will reward yourself when you do what you have planned.

Your doctor, a dietitian, or a counselor can help you make a plan. Here are some of the areas you may wish to change to reduce your risk of diabetes.



Am I at Risk for Type 2 Diabetes?

Reach and Maintain a Reasonable Body Weight

Your weight affects your health in many ways. Being overweight can keep your body from making and using insulin properly. It can also cause high blood pressure. The DPP showed that losing even a few pounds can help reduce your risk of developing type 2 diabetes because it helps your body use insulin more effectively. In the DPP, people who lost between 5 and 7 percent of their body weight significantly reduced their risk of type 2 diabetes. For example, if you weigh 200 pounds, losing only 10 pounds could make a difference.

Body mass index (BMI) is a measure of body weight relative to height. You can use BMI to see whether you are underweight, normal weight, overweight, or obese. Use the table on pages 10 and 11 to find your BMI.

- Find your height in the left-hand column.
- Move across in the same row to the number closest to your weight.
- The number at the top of that column is your BMI. Check the word above your BMI to see whether you are normal weight, overweight, or obese.

If you are overweight or obese, choose sensible ways to get in shape:

- Avoid crash diets. Instead, eat less of the foods you usually have. Limit the amount of fat you eat.
- Increase your physical activity. Aim for at least 30 minutes of exercise most days of the week. (See page 9 for easy suggestions.)
- Set a reasonable weight-loss goal, such as losing 1 pound a week. Aim for a long-term goal of losing 5 to 7 percent of your total body weight.



Taking Steps to Lower the Risk of Getting Diabetes

Make Wise Food Choices Most of the Time

What you eat has a big impact on your health. By making wise food choices, you can help control your body weight, blood pressure, and cholesterol.

- Take a hard look at the serving sizes of the foods you eat. Reduce serving sizes of main courses (such as meat), desserts, and foods high in fat. Increase the amount of fruits and vegetables.
- Limit your fat intake to about 25 percent of your total calories. For example, if your food choices add up to about 2,000 calories a day, try to eat no more than 56 grams of fat. Your doctor or a dietitian can help you figure out how much fat to have. You can check food labels for fat content too.
- You may also wish to reduce the number of calories you have each day. People in the DPP lifestyle modification group lowered their daily calorie total by an average of about 450 calories. Your doctor or dietitian can help you with a meal plan that emphasizes weight loss.
- Keep a food and exercise log. Write down what you eat, how much you exercise—anything that helps keep you on track.
- When you meet your goal, reward yourself with a nonfood item or activity, like watching a movie.

Be Physically Active Every Day

Regular exercise tackles several risk factors at once. It helps you lose weight, keeps your cholesterol and blood pressure under control, and helps your body use insulin. People in the DPP who were physically active for 30 minutes a day 5 days a week reduced their risk of type 2 diabetes. Many chose brisk walking for exercise.

If you are not very active, you should start slowly, talking with your doctor first about what kinds of exercise would be safe for you. Make a plan to increase your activity level toward the goal of being active at least 30 minutes a day most days of the week.

Continued on Page 12

Body Mass Index Table

Normal						Overweight					Obese										Extreme Obesity															
BMI	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54
Height (inches)											Body Weight (pounds)																									
58	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167	172	177	181	186	191	196	201	205	210	215	220	224	229	234	239	244	248	253	258
59	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173	178	183	188	193	198	203	208	212	217	222	227	232	237	242	247	252	257	262	267
60	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179	184	189	194	199	204	209	215	220	225	230	235	240	245	250	255	261	266	271	276
61	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185	190	195	201	206	211	217	222	227	232	238	243	248	254	259	264	269	275	280	285
62	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191	196	202	207	213	218	224	229	235	240	246	251	256	262	267	273	278	284	289	295
63	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197	203	208	214	220	225	231	237	242	248	254	259	265	270	278	282	287	293	299	304
64	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204	209	215	221	227	232	238	244	250	256	262	267	273	279	285	291	296	302	308	314
65	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210	216	222	228	234	240	246	252	258	264	270	276	282	288	294	300	306	312	318	324
66	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216	223	229	235	241	247	253	260	266	272	278	284	291	297	303	309	315	322	328	334
67	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223	230	236	242	249	255	261	268	274	280	287	293	299	306	312	319	325	331	338	344
68	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230	236	243	249	256	262	269	276	282	289	295	302	308	315	322	328	335	341	348	354
69	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236	243	250	257	263	270	277	284	291	297	304	311	318	324	331	338	345	351	358	365
70	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243	250	257	264	271	278	285	292	299	306	313	320	327	334	341	348	355	362	369	376
71	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250	257	265	272	279	286	293	301	308	315	322	329	338	343	351	358	365	372	379	386
72	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258	265	272	279	287	294	302	309	316	324	331	338	346	353	361	368	375	383	390	397
73	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265	272	280	288	295	302	310	318	325	333	340	348	355	363	371	378	386	393	401	408
74	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272	280	287	295	303	311	319	326	334	342	350	358	365	373	381	389	396	404	412	420
75	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279	287	295	303	311	319	327	335	343	351	359	367	375	383	391	399	407	415	423	431
76	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287	295	304	312	320	328	336	344	353	361	369	377	385	394	402	410	418	426	435	443

Source: Adapted from *Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report*.



Am I at Risk for Type 2 Diabetes?

Choose activities you enjoy. Here are some ways to work extra activity into your daily routine:

- Take the stairs rather than an elevator or escalator.
- Park at the far end of the lot and walk.
- Get off the bus a few stops early and walk the rest of the way.
- Walk or bicycle instead of drive whenever you can.

Take Your Prescribed Medications

Some people need medication to help control their blood pressure or cholesterol levels. If you do, take your medicines as directed. Ask your doctor whether there are any medicines you can take to prevent type 2 diabetes.

Hope Through Research

We now know that many people can prevent type 2 diabetes through weight loss, regular exercise, and lowering their intake of fat and calories. Researchers are intensively studying the genetic and environmental factors that underlie the susceptibility to obesity, pre-diabetes, and diabetes. As they learn more about the molecular events that lead to diabetes, they will develop ways to prevent and cure the different stages of this disease. People with diabetes and those at risk for it now have easier access to clinical trials that test promising new approaches to treatment and prevention. For information about current studies, see <http://ClinicalTrials.gov>.

National Diabetes Information Clearinghouse

1 Information Way

Bethesda, MD 20892-3560

Phone: 1-800-860-8747 or (301) 654-3327

Fax: (301) 907-8906

Email: ndic@info.niddk.nih.gov

Internet: www.diabetes.niddk.nih.gov

The National Diabetes Information Clearinghouse (NDIC) is a service of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). The NIDDK is part of the National Institutes of Health under the U.S. Department of Health and Human Services. Established in 1978, the clearinghouse provides information about diabetes to people with diabetes and to their families, health care professionals, and the public. NDIC answers inquiries, develops and distributes publications, and works closely with professional and patient organizations and Government agencies to coordinate resources about diabetes.

Publications produced by the clearinghouse are carefully reviewed by both NIDDK scientists and outside experts. This booklet was reviewed by David G. Marrero, Ph.D., Indiana University School of Medicine, Diabetes Research and Training Center; and Michael L. Parchman, M.D., M.P.H., Associate Professor, Department of Family and Community Medicine, University of Texas Health Sciences Center.

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This booklet is also available at www.diabetes.niddk.nih.gov.

NIH Publication No. 04-4805

October 2003



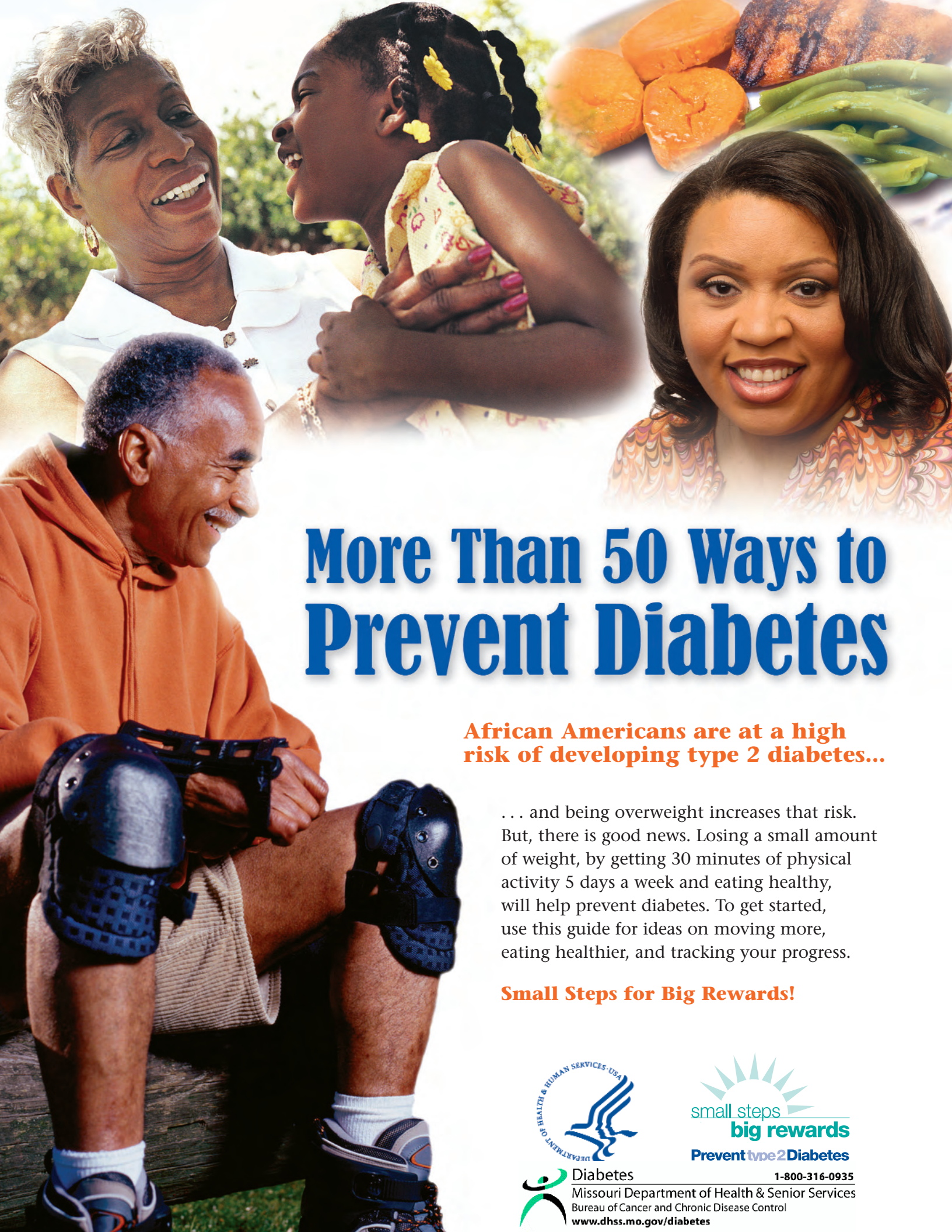
Diabetes

Missouri Department of Health & Senior Services

Bureau of Cancer and Chronic Disease Control

www.dhss.mo.gov/diabetes

1-800-316-0935



More Than 50 Ways to Prevent Diabetes

African Americans are at a high risk of developing type 2 diabetes...

... and being overweight increases that risk. But, there is good news. Losing a small amount of weight, by getting 30 minutes of physical activity 5 days a week and eating healthy, will help prevent diabetes. To get started, use this guide for ideas on moving more, eating healthier, and tracking your progress.

Small Steps for Big Rewards!

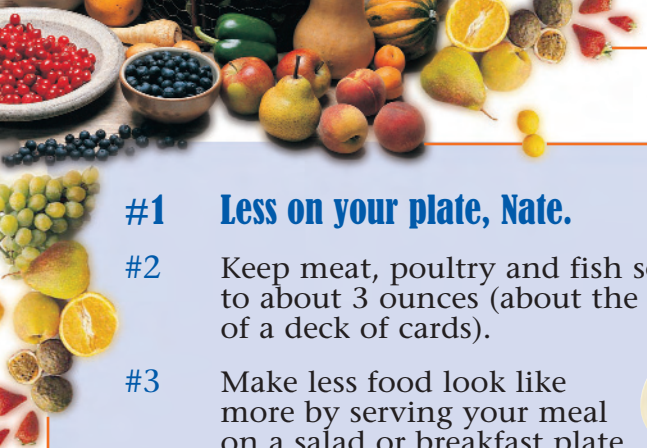


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small steps
big rewards
Prevent type 2 Diabetes

1-800-316-0935



Reduce portion sizes.

#1 Less on your plate, Nate.

#2 Keep meat, poultry and fish servings to about 3 ounces (about the size of a deck of cards).

#3 Make less food look like more by serving your meal on a salad or breakfast plate.



#4 Try not to snack while cooking or cleaning the kitchen.

#5 Try to eat sensible meals and snacks at regular times throughout the day.

#6 Make sure you **eat breakfast** every day.

#7 Use broth and cured meats (smoked turkey and turkey bacon) in small amounts. They are high in sodium. Low sodium broths are available in cans and powder.

#8 **Share** your desserts.

#9 When eating out, have a big vegetable salad, then split an entrée with a friend or have the other half wrapped to go.

#10 Stir fry, broil or bake with non-stick spray or low sodium broth and try to cook with less oil and butter.

#11 Drink a glass of water or other “no-calorie” beverage 10 minutes before your meal to take the edge off your appetite.

#12 **Select** the healthier choice at fast food restaurants. Try grilled chicken instead of the cheeseburger. Skip the french fries or replace the fries with a salad.

#13 Listen to music while you eat instead of watching TV (people tend to eat more while watching TV).

#14 It takes 20 minutes for your stomach to send a signal to your brain that you're full. Eat slowly.

#15 Eat a small meal, Lucille.

#16 Teaspoons, salad forks, or child-size utensils may help you take smaller bites and eat less.

#17 You don't have to cut out the foods you love to eat. Just **cut down** on your portion size and eat it less often.

Add more physical activity to your daily routine.

#18 Dance it away, Faye.

#19 Show your kids the dances you used to do when you were their age.

#20 Turn up the music and **jam** while doing household chores.



#21 Deliver a message in person to a co-worker instead of e-mailing.

#22 Take the stairs to your office. Or take the stairs as far as you feel comfortable, and then take the elevator.

#23 Make a few less phone calls. Catch up with friends during a regularly scheduled **walk**.

#24 March in place while you watch TV.

#25 Park as far away as possible from your favorite store at the mall.

#26 Select an exercise video from the store or library.

#27 Get off the bus one stop earlier and walk the rest of the way home or to work at least two days a week.



Make healthy food choices.

#28 Snack on a veggie, Reggie

- #29 Try getting at least one new fruit or **vegetable** every time you grocery shop.
- #30 Macaroni and low-fat cheese can be a main dish. Serve it with your favorite vegetable dish and a salad.
- #31 Try eating foods from other countries. Many international dishes feature more vegetables, whole **grains** and beans and less meat.
- #32 Cook with a variety of spices instead of salt.
- #33 Find a **water** bottle you really like (church or club event souvenir, favorite sports team, etc.) and drink water from it wherever and whenever you can.
- #34 Always keep a healthy snack with you.
- #35 Choose veggie toppings like spinach, broccoli and peppers for your pizza.
- #36 Try different recipes for baking or **broiling** meat, chicken, and fish.
- #37 Try to choose foods with little or no added sugar.
- #38 Gradually work your way down from whole milk to 2% milk to 1% milk until you're drinking and cooking with **fat free** (skim) milk.
- #39 Try keeping a written record of what you eat for a week. It can help you see when you tend to overeat or eat foods high in fat or calories.
- #40 Eat foods made from a variety of whole grains—such as whole wheat bread, brown rice, oats, and whole grain corn—every day. Use whole grain bread for toast and sandwiches; substitute brown rice for white rice for home-cooked meals and when dining out.
- #41 Don't grocery shop on an empty stomach and make a list before you go.
- #42 Read food labels. Choose foods with lower fat, saturated fat, calories, and salt.
- #43 **Fruits** are colorful and make a welcoming centerpiece for any table. Have a nice chat while sharing a bowl of fruit with family and friends.
- #44 Slow down at snack time. Eating a bag of low-fat popcorn takes longer than eating a slice of cake. Peel and eat an orange instead of drinking orange juice.



Nurture your mind, body, and soul.



#45 You can exhale, Gail.

- #46 Don't try to change your entire way of eating and **exercising** all at once. Try one new activity or food a week.
- #47 Find mellow ways to **relax**—try deep breathing, take an easy paced walk, or enjoy your favorite easy listening music.
- #48 Give yourself daily “pampering time” and honor this time like any other appointment you make... whether it's spending time **reading** a book, taking a long bath, or meditating.
- #49 Try not to eat out of boredom or frustration. If you're not hungry, do something else.
- #50 Honor your health as your most precious gift.



Be creative.

#51 Make up your own, Tyrone or Simone.

- #52 _____
- _____
- #53 _____
- _____

There are many more ways to prevent type 2 diabetes with healthy eating and physical activity. Discover your own and share it with your family, friends and neighbors.

My Daily and Weekly Goals			
	Fat Grams	Calories	Minutes of Activity
Daily			
Weekly			



DATE _____

**FOR GETTING MORE
PHYSICAL ACTIVITY:**

DAILY FOOD AND DRINK TRACKER

TIME	AMOUNT/NAME/DESCRIPTION	FAT GRAMS	CALORIES
8:00 AM	1/2 cup oatmeal	1	73
	1 cup 2% milk	5	121

TO MAKE MORE WEEKLY TRACKERS: Make one (1) copy of the top half and seven (7) copies of the bottom half of this page. Trim the pages and staple in the upper left-hand corner. Fold to fit in your pocket or purse.

MY DAILY AND WEEKLY TOTALS				
	FAT GRAMS	CALORIES	MINUTES OF ACTIVITY	WEIGHT
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				
SUNDAY				
WEEKLY TOTALS				POUNDS LOST

FOLD HERE

CUT HERE !

[illegible]

FOLD HERE

DAILY FOOD AND DRINK TRACKER (CONTINUED)

DATE: / /		NAME: /	
TIME	AMOUNT/NAME/DESCRIPTION	FAT GRAMS	CALORIES
TOTALS			

DAILY PHYSICAL ACTIVITY

[illegible]

For more information about diabetes prevention, call 1-800-438-5383 and get your free GAME PLAN for preventing type 2 diabetes

A message from the National Diabetes Education Program, sponsored by the National Institutes of Health and the Centers for Disease Control and Prevention.
NIH Publication No. 04-5487 April 2004

What is Diabetes?

Diabetes means that your blood sugar, or glucose (GLOO-kos), is too high. Glucose comes from the food you eat and is also made in your liver and muscles.

Your blood always has some glucose in it because your body needs glucose for energy. But too much glucose in the blood isn't good for your health.

An organ called the pancreas (PAN-kree-as) controls the amount of glucose in the blood. The pancreas makes insulin (IN-suh-lin) which helps glucose get from food into your cells. Cells take the glucose and make it into energy you need for life.

In a person with diabetes, the pancreas makes little or no insulin or the cells don't use insulin very well. So glucose builds up in the blood and can't get into your cells. Your blood glucose gets too high and diabetes can then damage your body.

What types of diabetes do kids get?

In **type 1 diabetes**, the pancreas stops making insulin. With type 1 diabetes, you need to get insulin from a shot or a pump. Type 1 used to be called "insulin dependent" or "juvenile diabetes."

TIPS FOR KIDS WITH TYPE 2 DIABETES

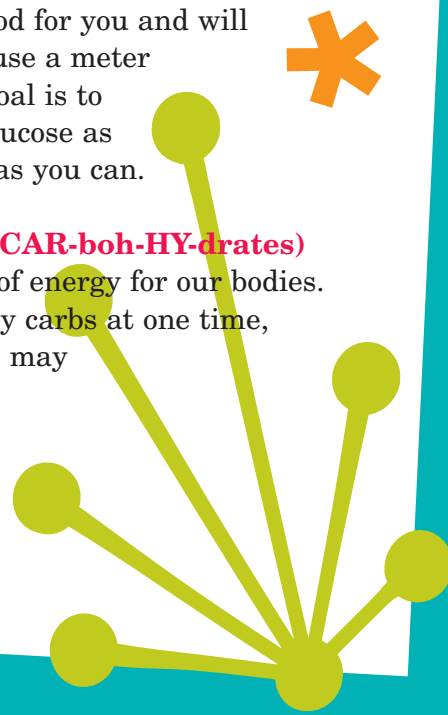
In **type 2 diabetes**, the pancreas still makes some insulin but the cells can't use it very well. Type 2 used to be called "adult onset diabetes" but now more kids are getting type 2.


How do you manage diabetes?

The key to taking care of diabetes is to keep your blood glucose as close to normal as possible. The best way is to **eat healthy foods, get exercise every day, stay at a healthy weight, take your medicine, and check your blood glucose** to see how you are doing. Kids with type 2 diabetes may need to take insulin or pills to help the body's supply of insulin work better.

Your doctor will tell you what blood glucose level is good for you and will teach you how to use a meter to check it. Your goal is to keep your blood glucose as close to this level as you can.

Carbohydrates (CAR-boh-HY-drates) are a good source of energy for our bodies. If you eat too many carbs at one time, your blood glucose may go up too high.





Many foods contain carbs. Whole grain foods, nonfat or low-fat milk, fresh fruits, and vegetables are better carb choices than white bread, whole milk, sweetened fruit drinks, soda pop, potato chips, sweets, and desserts. Learn to eat the right amount at meals and snack times to keep your blood glucose in balance.

Eat small servings of food and be active to prevent weight gain and to keep your blood glucose in a healthy range.

Illness and stress also can make your blood glucose go up. Things that make your blood glucose go down are insulin or pills and exercise.

Why do you get type 2 diabetes?

Being overweight increases the risk of getting type 2 diabetes. Kids who are not active or who have a family member with diabetes are more likely to get it. Some racial and ethnic groups have a greater chance of getting diabetes—American Indians, African Americans, Hispanics/Latinos, Asian Americans and Pacific Islanders. You do not get diabetes from eating too much sugar.



Why do you need to take care of your diabetes?

After several years, diabetes can lead to health problems. Blood vessels get damaged and cause heart attacks in young people. Damage to organs in your body can cause blindness, kidney failure, loss of legs or feet, and gum problems or loss of teeth.

The good news is that when you take care of your diabetes, you can avoid these problems. How? Eat healthy foods, be active every day, stay at a healthy weight, take your medicine, and check your blood glucose. Don't let diabetes stop you! You can do all the things your friends do and live a long and healthy life.



To learn more about diabetes

American Diabetes Association
1-800-DIABETES (1-800-342-2383)
www.diabetes.org/wizdom

Juvenile Diabetes Research Foundation International
1-800-223-1138 • www.jdrf.org



National Diabetes Education Program
1-800-438-5383 • www.ndep.nih.gov

National Diabetes Information Clearinghouse
1-800-860-8747 • www.niddk.nih.gov

To find a diabetes educator near you:
American Association of Diabetes Educators
1-800-338-DMED (1-800-338-3633)
www.diabeteseducator.org

To find a dietitian near you:
American Dietetic Association
1-800-366-1655 • www.eatright.org

Special thanks to the kids who helped us make this tip sheet.



Diabetes

1-800-316-0935

Missouri Department of Health & Senior Services
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www.dhss.mo.gov/diabetes

TIPS FOR KIDS

WITH TYPE 2 DIABETES



Be Active



Why is being active so important?

Exercise is good for everyone, whether you have type 2 diabetes or not. Being active keeps your body healthy and strong. It can help you stay at a weight that's right for you or help you lose weight slowly.

Physical activity can make you feel better if you're in a bad mood, relax you, and help you sleep well. If you have diabetes, exercise can help your body use glucose (GLOO-kos) for energy and lower your blood sugar (glucose).

What types of activity are good to do?

There are many ways you can stay active.

- ★ Walk the dog, take a hike, or ride a bike.
- ★ Roller skate, in-line skate, or ice skate.
- ★ Dance, swim, or jog.
- ★ Check out an aerobics tape from the library and work out at home.
- ★ You can play basketball, baseball, softball, golf, soccer, tennis, or volleyball.
- ★ Take the stairs instead of the elevator, skip rope, fly a kite, throw a disc, or play hopscotch.

Think of other things you can do and just move it! **Don't forget to have fun!**

Make exercise a part of your daily life. Be active with a friend or family member—it is easier and more fun when you have a buddy.

What should you do before exercising?

Talk to your doctor about what physical activity is good for you.

- ★ Ask if you need to check your blood glucose before starting any activity or after you are done.
- ★ Ask if the medicine you take can make your blood glucose get too low during exercise. If so, keep a snack with you when you exercise.

How much exercise do you need to do?

If you haven't been very active, start slowly. Try a few minutes each day. Slowly work up to 60 minutes almost every day. Pick an activity you like to do.



How can your family and friends help?

Ask your family members and friends to be active with you—it's good for everyone and helps to get rid of stress. **It's a great way for families to spend time together, too.**

Ask your family to take a walk after dinner, instead of watching TV. Instead of playing computer games, put on some music that everyone can dance to. Help your mom or dad carry groceries, clean the house, cut the grass, do garden work, rake leaves, or shovel snow.

What if you don't like to exercise?

There are a lot of things you can do to be more active. Try these: do sit-ups, lift light weights, or jump rope while you watch TV. Take the stairs when you can, run around during recess at school, or walk fast around the mall a few times when you go shopping. **You don't have to play a sport or go to a gym.**

Don't get upset if you can't do a lot or if you get out of breath at first—keep trying. Any amount of activity will help and you can add a little more each week. Make a list of some things you like to do. Hang it in your room as a reminder.

Take Charge of Your Diabetes

Remember, if you have type 2 diabetes, you need to choose healthy foods, be active every day, take your medicine, check your blood glucose as often as your doctor suggests, and stay at a healthy weight. Taking care of your diabetes will help you stay healthy, feel better, and keep your blood glucose where you want it to be.

Special thanks to the kids who helped us make this tip sheet.



Diabetes

1-800-316-0935

Missouri Department of Health & Senior Services
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www.dhss.mo.gov/diabetes

What are some things parents can do to help promote physical activity for kids in their community?

- ★ Talk to your child's school about having more active time for students.
- ★ Ask if the school can be used for physical activities during after-school hours.
- ★ Involve your child in active programs with the YMCA, 4H, the Scouts, or Boys and Girls Clubs.
- ★ Talk to community leaders about providing safe and active places for kids to play.
- ★ Volunteer to help create or fix up community playgrounds.



To learn more

American Diabetes Association

1-800-DIABETES (1-800-342-2383)
www.diabetes.org/wizdom

Kids Walk to School (CDC Program)

www.cdc.gov/nccdphp/dnpa/publicat.htm

National Association for Health and Fitness

(317) 955-0957 • www.physicalfitness.org

Parks and Recreation Youth Programs

Search online to find programs in your state

President's Council on Physical Fitness and Sports

(202) 690-9000 • www.fitness.gov

Walkability Checklist

www.walkinginfo.org/walkingchecklist.htm

YMCAs of the USA

1-800-872-9622 • www.ymca.net

TIPS FOR KIDS

WITH TYPE 2 DIABETES



Stay at a Healthy Weight



Why is staying at a healthy weight good for kids?

A healthy weight means you are not too fat or too thin. Your doctor may have said that you should not gain more weight or that you need to lose a few pounds. If you have diabetes and are overweight, you are not alone.

The steps you take to manage your weight will help you feel better and may improve your blood sugar or glucose (GLOO-kos) levels. Staying at a healthy weight when you are young can help you manage your weight for life. It also can help prevent problems like heart disease and high blood pressure.

How can you get to a healthy weight?

If your doctor says you need to lose some weight, **you need to eat fewer calories each day and be more active.** Here are some ways to succeed.

1. Be active almost every day for 60 minutes to burn up extra calories and get fit. Play tag or go for a bike ride instead of playing computer games. Ask a friend or family member to join you on a walk instead of watching TV.

2. Cut some calories. The number of calories in a food shows how much energy you can get from it. To lose weight, you need to eat about 200 to 300 calories less than usual each day.

Here are some simple ways to cut calories:

- ★ Drink water instead of a big glass of sweetened fruit drink or regular soda pop. You can cut about 150 calories!
- ★ Eat a small serving of french fries instead of a big one—and cut about 250 calories!
- ★ Eat a piece of fruit instead of a candy bar. You will cut about 200 calories!





3. Eat smaller portions of food and drink water at meals and snack time.

4. Drink lots of water. It has no calories! Sugar-free fruit drinks or sugar-free soda pop are also good choices when you are thirsty.

5. Ask your doctor to help you find a dietitian or a diabetes educator. He or she can help you and your family make the best food choices.

If you eat less and get more active, you should lose about one pound a month—and feel great. It's best to be slow and steady in your weight loss because you are still growing. Ask your doctor to help you.

Very low-calorie diets are not healthy for growing children and teens. Kids who do not eat enough food may not grow or develop the right way.



What are some healthy eating tips you can try?

- ★ Take your time when you eat. Wait 10 to 15 minutes before eating second helpings at mealtime. It takes about 15 minutes for your stomach to tell your head that you are full!
- ★ Ask if you can help plan, shop, or make the family meals sometimes. This can be fun for the whole family.
- ★ Fill up half of your plate with salad or vegetables. Use small amounts of butter, margarine, or salad dressing.
- ★ If you eat sugary foods, sweets, desserts, or candy, eat only a small serving at the end of a meal. Don't eat them very often.

What about breakfast?

One bowl of whole grain cereal, nonfat or low-fat milk, and a piece of fruit are a great way to start the day. You can do better at school when you eat breakfast!

When you don't have much time before school, try a couple of slices of whole grain toast with a tablespoon of peanut butter, or a hard-boiled egg, or a piece of low-fat cheese.

A small breakfast bar and a glass of nonfat or low-fat milk is another fast meal that can go a long way.





What about school lunches?

If you get your lunch at school, choose fried foods less often. Choose nonfat or low-fat milk instead of chocolate milk and a piece of fresh fruit instead of a cookie.

Many schools have salad bars. Choose high fiber vegetables and fruits and low-fat protein foods. Use a small amount of low-calorie dressing.

Small deli or sub sandwiches made with lean turkey or beef are healthy choices, too. Use mustard or a little low-fat mayonnaise.

If you have time in the morning, you could pack a lunch of healthy foods to take to school. Or you could make your lunch the night before.

What about after school snacks?

Most kids need an after school snack. Choose healthy snacks. The trick is not eating too much. **Use a small plate or a bowl for your snack instead of eating out of the bag or box.**

It will be easier to keep track of how much you eat. It's best not to snack while watching TV or at the computer—you may eat too much.



Snack ideas:

- ★ A piece of fresh fruit
- ★ Half a turkey or ham sandwich, easy on the mayo
- ★ A small bowl of whole-grain cereal with nonfat or low-fat milk
- ★ A small bowl of vegetable soup and a few crackers
- ★ One small tortilla with one or two slices of shredded low-fat cheese or turkey
- ★ 3 to 6 cups of low-fat microwave popcorn, one handful of pretzels, or a few rice cakes

Remember to drink a couple of glasses of water, too.



The key to
SUCCESS
is to have the whole
family make
healthy food choices
and to
be as active
as you can.



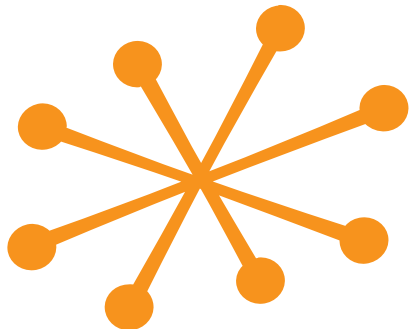
What about fast-food restaurants?

Try not to super-size your meals, unless you plan to share them with your family or a friend! Order smaller child-sized meals and drink water, nonfat or low-fat milk, or diet soda pop.

A grilled chicken sandwich or a simple hamburger is a better choice than a burger that is covered with secret sauce, cheese, and bacon. A baked potato with a little butter or sour cream is a good choice, too.

If you are eating pizza, order thin or medium crust instead of deep dish or stuffed crust pizzas. Eat only one or two slices and add a salad with a little dressing.

Try a small bag or a handful of baked chips or pretzels instead of the regular kind of chips.



Follow a healthy eating and exercise plan.

To learn more

To find a dietitian near you, contact the **American Dietetic Association**.
1-800-366-1655 • www.eatright.org



To find a diabetes educator near you, contact the **American Association of Diabetes Educators**.
1-800-832-6874 • www.diabeteseducator.org


Check out the **CDC's Nutrition and Physical Activity website** for healthy eating tips and the Kids Walk to School Program.
www.cdc.gov/nccdphp/dnpa/publicat.htm

Special thanks to the kids who helped us make this tip sheet.



Diabetes
Missouri Department of Health & Senior Services
Bureau of Cancer and Chronic Disease Control
www.dhss.mo.gov/diabetes

1-800-316-0935



TIPS FOR KIDS

WITH TYPE 2 DIABETES



Eat Healthy Foods



Why do you need to eat healthy foods?

- ★ For energy to learn, play, and live.
- ★ To grow at a healthy rate.
- ★ To help keep your blood sugar or glucose (GLOO-kos) levels in balance—not too high or too low.
- ★ To help you lose weight slowly if you need to.
- ★ To keep your body working properly.
- ★ To help you avoid other health problems caused by diabetes.

Do kids with diabetes need special foods?


No, they don't! Meals that are healthy for kids with diabetes are great for everyone in the family.



How does food affect your body?

Food is the fuel that our bodies use for energy. The three main sources of fuel are carbohydrates (CAR-boh-HY-drates), protein, and fat. The body changes them into glucose for energy or stores them as fat. A car uses gas for energy—we use glucose! Eating a balance of foods that contain carbohydrate (carbs), protein, and fat every day will help your blood glucose stay in balance and keep your weight where you want it to be.

Carbs are a good source of energy for our bodies. Many foods contain carbs. Some are better for you than others. If you eat too many carbs at one time, your blood glucose may go up too high. Learn to eat the right amount at meal and snack times to keep your blood glucose in balance.



These are good carb choices. They have lots of fiber.

- ★ Whole grain foods
- ★ Fresh fruits and vegetables from every color of the rainbow—red, orange, yellow, white, green, blue, and purple.

Choose these carbs less often:

- ★ White bread
- ★ White rice
- ★ Sweetened fruit drinks
- ★ Sweets and desserts.

Protein foods help to build strong muscles and bones. Protein foods do not make

the blood glucose go up like some carbs do.

Having protein in your meal can help you feel less hungry.

Foods that are a good source of protein include:

- ★ Meat and poultry without the extra fat or skin
- ★ Fish, low-fat cheese, and eggs
- ★ Dried peas or beans such as kidney, white, split, or blackeye
- ★ Soy products and nuts.

Fats are a good source of fuel for the body and help you grow. Fat does not make blood glucose go up but too much fat can make you gain weight.

Choose fats that keep your heart healthy:

- ★ Small portions of salad dressing, low-fat mayonnaise, and margarine in a plastic tub
- ★ Nuts, olives, and vegetable oil
- ★ Avocados.

Choose these high fat foods less often.

They are not healthy for your heart:

- ★ Butter, stick margarine, and regular mayonnaise
- ★ Fried foods such as potato chips and french fries
- ★ Meats with fat on them, including bacon and lunch meats
- ★ Cakes, cookies, pies, and other desserts.



What about sugar, sweets, and desserts?

Everyone likes the taste of sweet foods!

Small amounts of foods that contain sugar can be part of a healthy meal plan. Sugary foods include soda pop, sweetened fruit drinks, syrup, honey, and candy.

Desserts such as cakes, muffins, pies, cookies, and ice cream contain a lot of fat as well as sugar. If you choose to eat any of these sweet foods, just have a small amount at the end of a healthy meal. Have a piece of fruit if you are still hungry.

Drink water, sugar-free soda pop, and sugar-free fruit drinks if you are thirsty—instead of regular soda pop, sweetened fruit drinks, and sports drinks that are all high in sugars.

How much should you eat?

Your height, weight, age, whether you are a boy or a girl, and how active you are will affect how much food you need to eat each day to stay at a healthy weight. Everyone is different. Talk to your doctor or dietitian about how much to eat, specially if you need to lose weight.

It's best to spread your food out over the day and eat breakfast, lunch, and dinner and a couple of snacks as well. You will have a ready supply of energy and you won't get too hungry.

If you take in more food than your body burns, you will gain weight.

If you take in less food than your body burns, you will lose weight. Being active and eating smaller amounts of food and fewer sweet or fatty foods can help overweight kids lose weight in a healthy way. You will keep your heart healthy, too.

For fun, take the “Portion Distortion Quiz” at <http://hin.nhlbi.nih.gov/portion/>. You will learn how today’s portions compare to the portions 20 years ago and how much physical activity you will need to do to burn up the extra calories in today’s food portions.



What should you eat?

Use the Healthy Food Guide below to make healthy choices. The amounts to eat will vary for different foods but these will give you an idea of the right amounts for most kids aged 9 to 13. If you are older than 13, go to www.mypyramid.gov to find the right amounts for you.

Your Healthy Food Guide

Vegetables



AIM FOR 2 to 2½ cups a day. Here are choices that equal 1 cup:

- 1 cup cut up cooked or raw vegetables
- 2 cups leafy salad greens
- 1 cup vegetable juice

Choose dark green and orange vegetables as often as you can.

AIM FOR 1½ cups a day. Here are choices that equal 1 cup:

- 1 cup cut up raw or cooked fruit
- 1 cup fruit juice
- 1/2 cup dried fruit

Choose fresh whole fruits as often as you can.



Fruits

AIM FOR 5 ounces a day. Here are choices that equal 1 ounce:

- 1 ounce lean meat, fish, or chicken
- 1 egg



Meat, Poultry, Fish, Dry Beans, Eggs, and Nuts

- 1 tablespoon peanut butter
- 1/4 cup cooked dry peas or beans such as kidney, white, split, or blackeye
- 1/4 cup tofu
- 1/2 ounce nuts

If you choose to eat these foods, have a very small amount and not every day.

Soda Pop, Candy, Cookies, and Desserts



Milk, Yogurt, and Cheese



AIM FOR 3 cups a day. Here are choices that equal 1 cup:

- 1 cup nonfat or low-fat milk or yogurt
- 1½ ounces cheese

AIM FOR 5 to 6 ounces a day. Here are choices that equal one ounce:

- 1/2 cup of cooked cereal
- 1/2 cup cooked rice or pasta
- 1 cup ready-to-eat cereal
- 1 slice of whole grain bread
- 1/2 small bagel or 1 small muffin

Choose whole grain foods for at least 3 of your 6 choices.

Breads, Cereals, Rice, and Pasta



One serving is

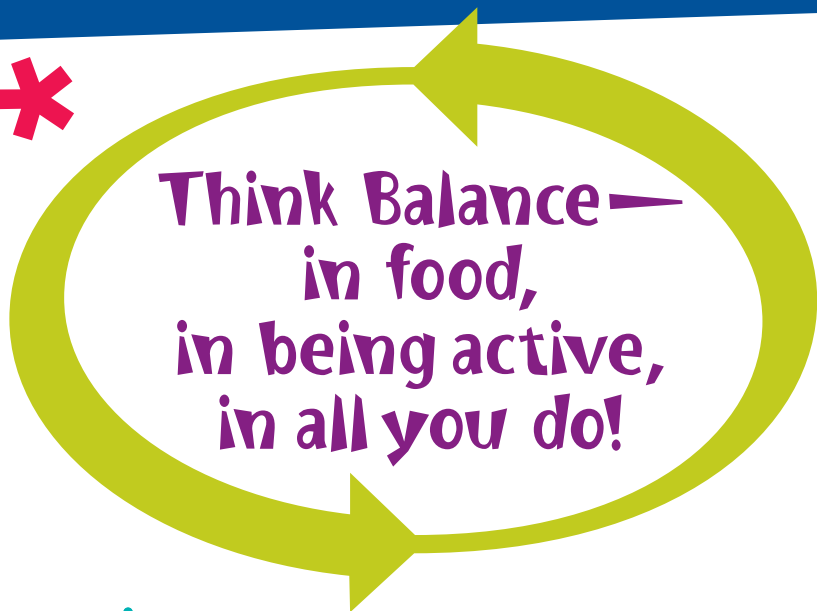
- 1 teaspoon vegetable, olive, or canola oil
- 1 teaspoon tub margarine
- 5 large olives or 1/8 avocado
- 1 tablespoon low-fat mayonnaise
- 2 tablespoons low-fat salad dressing

Heart-healthy Fats



How much should you eat?

You get most of the fat your body needs from other foods you eat—so choose only a few extra servings of these heart-healthy fats each day.



**Think Balance—
in food,
in being active,
in all you do!**

Putting it all together!

- ★ Eat meals and snacks at about the same time each day. Try not to skip meals.
- ★ Be physically active for at least 60 minutes almost every day
- ★ Drink more water instead of juice or soda.
- ★ Learn more about foods and how much you need to eat.
- ★ Ask your doctor or dietitian for help.
- ★ Take the right amount of insulin or pills at the right times if you need them to help manage your diabetes.

It's not always easy to eat healthy foods when others seem to eat whatever they want. Follow the tips in this brochure and know that it will make a difference in your life.



Special thanks to the kids who helped us make this tip sheet.



Diabetes

1-800-316-0935

Missouri Department of Health & Senior Services
Bureau of Cancer and Chronic Disease Control
www.dhss.mo.gov/diabetes

To learn more

A registered dietitian or a diabetes educator can help you and your family make the best food choices.

To find a dietitian near you, contact the **American Dietetic Association**.
1-800-366-1655 • www.eatright.org

To find a diabetes educator near you, contact the **American Association of Diabetes Educators**.
1-800-832-6874 • www.diabeteseducator.org

Also check out:
American Diabetes Association
1-800-DIABETES (1-800-342-2383)
www.diabetes.org/wizdom

CDC's Nutrition and Physical Activity website for healthy eating tips and the Kids Walk to School Program
www.cdc.gov/nccdphp/dnpa/publicat.htm

The Dietary Guidelines for Americans that help promote health and reduce disease risk through diet and physical activity.
<http://www.health.gov/dietaryguidelines/dga2005/document/>

MyPyramid Plan to learn what and how much to eat.
<http://www.mypyramid.gov/>

Overview of Diabetes in Children and Adolescents

A Fact Sheet from the National Diabetes Education Program



Type 1 diabetes in U.S. children and adolescents may be increasing¹ and many more new cases of type 2 diabetes are being reported in young people. Standards of care for managing children with diabetes issued by the American Diabetes Association in January 2005 provide more guidance than previously given. To update primary care providers and their staff members on this rapidly changing area of diabetes care, the National Diabetes Education Program (NDEP) has developed this overview of the current literature.

What Is Diabetes?

Diabetes mellitus is a group of diseases characterized by high levels of blood glucose resulting from defects in insulin production, insulin action, or both. Diabetes can be associated with serious complications and premature death, but people with diabetes can take steps to control the disease and lower the risk of complications.

Type 1 Diabetes

Type 1 diabetes is an autoimmune disease in which the immune system destroys the insulin-producing beta cells of the pancreas that regulate blood glucose. Type 1 diabetes has an acute onset, with children and adolescents usually able to pinpoint when symptoms began. Onset can occur at any age, but it most often occurs in children and young adults.

Since the pancreas can no longer produce insulin, people with type 1 diabetes require daily injections of insulin for life. Children with type 1 diabetes are at risk for long-term complications (damage to cardiovascular system, kidneys, eyes, nerves, blood vessels, gums, and teeth).

Type 1 diabetes accounts for 5 to 10 percent of all diagnosed cases of diabetes, but is the leading cause of diabetes in children. A diabetes management plan for young people includes insulin therapy, self-monitoring of blood glucose, healthy eating, and physical activity. The plan is designed to ensure proper growth and prevention of hypoglycemia. New management strategies are helping children with type 1 diabetes live long and healthy lives.

- **Symptoms.** The symptoms of type 1 diabetes usually develop over a short period of time. They include increased thirst and urination, constant hunger, weight loss, and blurred vision. Children also may feel very tired. If not diagnosed and treated with insulin, the individual with type 1 diabetes can lapse into a life-threatening diabetic coma, known as diabetic ketoacidosis or DKA. Often, children will present with vomiting, a sign of DKA, and mistakenly be diagnosed as having gastroenteritis. New-onset diabetes can be differentiated from a GI infection by the frequent urination that accompanies continued vomiting as opposed to decreased urination due to dehydration if the vomiting is caused by a GI "bug."
- **Risk Factors.** A combination of genetic and environmental factors put people at increased risk for type 1 diabetes. Researchers are working to identify these factors and to stop the autoimmune process that destroys the pancreas.
- **Co-morbidities.** Autoimmune diseases such as celiac disease and autoimmune thyroiditis are associated with type 1 diabetes.

Type 2 Diabetes

The first stage in the development of type 2 diabetes is often insulin resistance causing an inadequate response to insulin and requiring increasing amounts of insulin to control blood glucose. Initially, the pancreas responds by producing more insulin, but after several years, insulin production may decrease and diabetes develops. Type 2 diabetes used to occur mainly in adults who were overweight and ages 40 and older. Now, as more children and adolescents in the United States become overweight and inactive, type 2 diabetes is occurring more often in young people. Type 2 diabetes is more common in certain racial and ethnic groups such as African Americans, American Indians, Hispanic/Latino Americans, and some Asian and Pacific Islander Americans. The increased incidence of type 2 diabetes in youth is a "first consequence" of the obesity epidemic among young people, a significant and growing public health problem.² Overweight children are at increased risk for developing type 2 diabetes during childhood, adolescence, and later in life.

- **Symptoms.** Type 2 diabetes usually develops slowly and insidiously in children. Symptoms may be similar to those of type 1 diabetes. A child or teen can feel very tired, thirsty, or nauseated and have to urinate often. Other symptoms may include weight loss, blurred vision, frequent infections, and slow healing of wounds or sores. Some children or adolescents with type 2 diabetes may show no symptoms at all when they are diagnosed, and others may present with vaginal yeast infection or burning on urination due to yeast infection. Therefore, it is important for health care providers to identify and test children or teens who are at high risk for the disease.
- **Signs of Diabetes.** Physical signs of insulin resistance include acanthosis nigricans, where the skin around the neck or in the armpits appears dark, thick, and feels velvety. High blood pressure and dyslipidemia also are associated with insulin resistance.
- **Risk Factors.** Being overweight, having a family member who has type 2 diabetes, being a member of a high risk ethnic group, having signs of insulin resistance, being older than 10 years of age, and experiencing puberty are risk factors for the disease.
- **Co-morbidities.** Children with type 2 diabetes also are at risk for the long-term complications of diabetes and the co-morbidities associated with insulin resistance (lipid abnormalities and hypertension).

The cornerstone of diabetes management for children with type 2 is healthy eating, with portion control, and increased physical activity. To control their diabetes, children with type 2 diabetes also may need to take oral anti-diabetes medication, insulin, or both. Ongoing efforts to prevent and treat type 2 diabetes in children will require the involvement of health care providers, school personnel, community institutions, and government agencies working together.

Gestational Diabetes

Gestational diabetes mellitus (GDM) is a form of diabetes that is diagnosed in about 7 percent of *all* pregnancies, at a rate of about 200,000 per year. It is more common among obese women, women with a family history of diabetes, and among African American, Hispanic/Latino American, and American Indian women. During pregnancy, GDM must be treated to normalize maternal blood glucose levels and avoid complications in the infant.

GDM imparts a lifetime risk for type 2 diabetes although the risk is highest 5 to 10 years after delivery. In women with a history of GDM, even 10 years postpartum, the risk of developing diabetes is 70 percent higher than in a comparable group of women without GDM. The children of women with a history of GDM also are at increased risk for obesity and diabetes compared to other children.

Overweight women with a history of GDM can take steps to reduce their risk for diabetes by losing at least 5 to 7 percent of their body weight and increasing their physical activity. The Diabetes Prevention Program clinical trial and other studies have shown that type 2 diabetes can be delayed or prevented in women with a history of GDM through sustained weight loss and lifestyle changes, and possibly, the use of medications. Timely diagnosis and treatment of type 2 diabetes,

should it develop despite efforts at prevention, can prevent or delay the onset of diabetes complications.

(See "[Resources](#)" for information on gestational diabetes.)

Maturity-onset Diabetes of the Young

Maturity-onset diabetes of the young (MODY) is a rare form of diabetes in children that is caused by a single gene defect that results in faulty insulin secretion. MODY is defined by its early onset (usually before age 25), absence of ketosis, and autosomal dominant inheritance.³ Thus each child of a parent with MODY has a 50 percent chance of inheriting the same type of diabetes. MODY is thought to account for 2 to 5 percent of all cases of diabetes and often goes unrecognized.³ Treatment of MODY varies. Some children respond to diet therapy, exercise, and/or oral anti-diabetes medications that enhance insulin release. Others may require insulin therapy.

Secondary Diabetes

Diabetes can occur in children with other diseases such as cystic fibrosis or those needing glucocorticoid drugs. These causes may account for 1 to 5 percent of all diagnosed cases of diabetes.

Statistics

Diabetes is one of the most common chronic diseases in school-aged children. In the United States, about 176,500 people under 20 years of age have diabetes. About 1 in every 400 to 600 children, has type 1 diabetes.⁴ Each year, more than 13,000 children are diagnosed with type 1 diabetes.⁵ The incidence of type 1 is about 7 per 100,000 per year in children ages 4 and under; 15 per 100,000 per year in children 5 to 9 years, and about 22 per 100,000 per year in those 10 to 14 years of age.⁶ About 75 percent of all newly diagnosed cases of type 1 diabetes occur in individuals younger than 18 years of age.

Currently, because 10 to 15 percent of children and teens are overweight – about double the number of two decades ago – increasing numbers of young people have type 2 diabetes.⁷ In several clinic-based studies, the percentage of children with newly diagnosed diabetes classified as type 2 has increased from less than 5 percent before 1994 to 30 to 50 percent in subsequent years.^{8,9} Although no ethnic group is untouched by the problem, the disease disproportionately affects American Indian, African American, Mexican American, and Pacific Islander youth.^{8,10} An example of this overrepresentation is seen among Pima Indians where the prevalence of type 2 diabetes among 15- to 19-year-olds is 5 percent.⁸

According to the Centers for Disease Control and Prevention (CDC), "at risk for overweight" is defined as being in the 85th to 94th percentile and "overweight" is defined as at or above the 95th percentile on the CDC's Body Mass Index (BMI)-for-age growth charts. These charts can be found at <http://www.cdc.gov/nccdphp/dnpa/bmi/index.htm>.

Identifying Children with Diabetes

The rate of beta cell destruction in type 1 diabetes is quite variable--rapid in some individuals (mainly infants and children) and slow in others (mainly adults). Children and adolescents may present with ketoacidosis as the first indication of the disease. Others may have modest fasting hyperglycemia that rapidly changes to severe hyperglycemia and/or ketoacidosis in the presence of infection or other stress.¹¹

Most children and adolescents diagnosed with type 2 diabetes are overweight or obese, insulin resistant, and have a family history of type 2 diabetes. They also may have physical signs of insulin resistance such as acanthosis nigricans. Diabetes complications such as microalbuminuria and the presence of cardiovascular risk factors such as abnormal cholesterol and high blood pressure have been observed among teenage Pima Indians⁸ and in other pediatric populations in the United States.^{12,13}

Undiagnosed type 2 diabetes in children and adolescents may place these young people at early risk for cardiovascular disease; however, no data are available to define the scope of this problem. In

adults, up to one-third of individuals who have type 2 diabetes are undiagnosed and at risk for microvascular and macrovascular complications of diabetes.¹⁴ It is important, therefore, for health care providers to consider testing for diabetes in high risk or symptomatic children.

The American Academy of Pediatrics and the American Diabetes Association have developed the following testing criteria and diabetes risk factors that health care providers can use to help identify type 2 diabetes in children before the onset of complications.¹⁵

Testing Criteria

1. Overweight or at risk for overweight, defined as BMI > 85th percentile for age and sex; weight for height >85th percentile; or weight >120 percent of ideal for height
PLUS
2. Any two of the following risk factors:
 - Family history of type 2 diabetes in first- or second-degree relative
 - American Indian, African American, Hispanic/Latino, Asian American, or Pacific Islander heritage
 - Signs of insulin resistance or conditions associated with insulin resistance (acanthosis nigricans, hypertension, dyslipidemia, polycystic ovarian syndrome)

Age to begin testing--10 years old or at onset of puberty if puberty occurs earlier

Frequency of testing--every 2 years

Test to use--fasting plasma glucose

Treatment Strategies

The basic elements of type 1 diabetes management are insulin administration, nutrition management, physical activity, blood glucose testing, and the avoidance of hypoglycemia. Algorithms are used for insulin dosing based on blood glucose level and food intake.

Children receiving fixed insulin doses of intermediate- and rapid-acting insulins must have food given at the time of peak action of the insulin. Children receiving a long-acting insulin analogue or using an insulin pump receive a rapid-acting insulin analogue just before a meal, with the amount of pre-meal insulin based on carbohydrate content of the meal using an insulin:carbohydrate ratio and a sliding scale for hyperglycemia. Further adjustment of insulin or food intake may be made based on anticipation of special circumstances such as increased exercise. Children on these regimens are expected to check their blood glucose levels routinely before meals and at bedtime.

Management of type 2 diabetes involves nutrition management, increased physical activity, and blood glucose testing. If this is not sufficient to normalize blood glucose levels, oral anti-diabetes medication and/or insulin therapy are used as well. The only oral agent approved for use in children and adolescents is metformin. All aspects of the regimen are individualized. (See [*Tip Sheets for Kids with Type 2 Diabetes*](#))

There is no single recipe to manage diabetes that fits all children. Blood glucose targets, frequency of blood glucose testing, type, dose and frequency of insulin, use of insulin injections or a pump, and details of nutrition management, all may vary among individuals. The family and diabetes care team determine the regimen that best suits each child's individual characteristics and circumstances.

Blood Glucose Goals

To control diabetes and prevent complications, blood glucose levels must be managed as close to a "normal" range as is safely possible (70 to 100 mg/dl before eating). Families should work with their health care team to set target blood glucose levels appropriate for the child.

The American Diabetes Association has developed recommendations for blood glucose goals for young people with type 1 diabetes. Although there are no national recommendations for children with type 2 diabetes, it may be reasonable to use the values in the following table as a guide.

Optimal plasma blood glucose and A1C goals for type 1 diabetes by age group are:¹⁶

Values by Age (Years)	Plasma Blood Glucose Goal Range (mg/dl)		A1C Percent	Rationale
	Before Meals	Bedtime/Overnight		
Toddlers and preschoolers under age 6	100–180	110–200	≤8.5 but ≥7.5	• High risk and vulnerability to hypoglycemia
School age, ages 6 to 12	90–180	100–180	<8	• Risks of hypoglycemia and relatively low risk of complications prior to puberty
Adolescents and young adults, ages 13 to 19	90–130	90–150	<7.5*	• Risk of hypoglycemia • Developmental and psychological issues
Key concepts in setting glycemic goals:				
• Goals should be individualized and lower goals may be reasonable based on benefit: risk assessment.				
• Blood glucose goals should be higher than those listed above in children with frequent hypoglycemia or hypoglycemia unawareness.				
• Postprandial blood glucose values should be measured when there is a disparity between preprandial blood glucose values and A1C levels.				

* A lower goal (<7.0) is reasonable if it can be achieved without excessive hypoglycemia.

Hypoglycemia

Diabetes treatment can sometimes cause blood glucose levels to drop too low, with resultant **hypoglycemia**. Taking too much insulin, missing a meal or snack, or exercising too much may cause hypoglycemia. A child can become irritable, shaky, and confused. When blood glucose levels fall very low, loss of consciousness or seizures may develop.

When hypoglycemia is recognized, the child should drink or eat a concentrated sugar to raise the blood glucose value to greater than 80 mg/dl. Once the blood glucose is over 80, the child can eat food containing protein to maintain blood glucose levels in the normal range. The concentrated sugar will increase blood glucose levels and cause resolution of symptoms quickly, avoiding over-treatment of "lows." If the child is unable to eat or drink, a glucose gel may be administered to the buccal mucosa of the cheek or glucagon may be injected.

Glycemic goals may need to be modified to take into account the fact that most children younger than 6 or 7 years of age have a form of "hypoglycemic unawareness." They lack the cognitive capacity to recognize and respond to hypoglycemic symptoms and may be at greater risk for hypoglycemia.¹⁶

Hyperglycemia

Causes of hyperglycemia include forgetting to take medications on time, eating too much, and getting too little exercise. Being ill also can raise blood glucose levels. Over time, hyperglycemia can cause damage to the eyes, kidneys, nerves, blood vessels, gums, and teeth.

Intercurrent illnesses are more frequent in young children. Sick-day management rules, including assessment for ketosis with every illness, must be established for children with type 1 diabetes. Families need to be taught what to do for vomiting and for ketosis to prevent severe hyperglycemia and ketoacidosis.¹⁷

Monitoring Complications and Reducing CVD Risk

The following recommendations are based on the American Diabetes Association's standards of Medical Care.¹⁶

Retinopathy. Although retinopathy most commonly occurs after the onset of puberty and after 5–10 years of diabetes duration, it has been reported in prepubertal children and with diabetes duration of only 1–2 years. Referrals should be made to eye care professionals with expertise in diabetic retinopathy, an understanding of the risk for retinopathy in the pediatric population, as well as experience in counseling the pediatric patient and family on the importance of early prevention/intervention. The first ophthalmologic examination should be obtained once the child is 10 years of age or older and has had diabetes for 3–5 years. After the initial examination, annual routine follow-up is generally recommended. Less frequent examinations may be acceptable on the advice of an eye care professional.

Nephropathy. To reduce the risk and/or slow the progression of nephropathy, optimize glucose and blood pressure control. Annual screening for microalbuminuria should be initiated once the child is 10 years of age and has had diabetes for 5 years. Screening may be done with a random spot urine sample analyzed for microalbumin-to-creatinine ratio. Confirmed, persistently elevated microalbumin levels should be treated with an ACE inhibitor, titrated to normalization of microalbumin excretion if possible.

Neuropathy. Although it is unclear whether foot examinations are important in children and adolescents, annual foot examinations are painless, inexpensive, and provide an opportunity for education about foot care. The risk for foot complications is increased in people who have had diabetes over 10 years.¹⁸

Lipids. In children older than 2 years of age with a family history of total cholesterol over 240 mg/dl, or a CVD event before age 55, or if family history is unknown, perform a lipid profile after diagnosis of diabetes and when glucose control has been established. If family history is not a concern, then perform a lipid profile at puberty. Based on data obtained from studies in adults, having diabetes is equivalent to having had a heart attack, making diabetes a key risk factor for future cardiovascular disease.

Pubertal children should have a lipid profile at the time of diagnosis after glucose control has been established. If lipid values fall within the accepted risk levels (LDL less than 100 mg/dl), repeat lipid profile every 5 years.

The goal for LDL-cholesterol in children and adolescents with diabetes is less than 100 mg/dl (2.60 mmol/l). If the LDL-cholesterol is greater than 100 mg/dl, the child should be treated with an exercise plan and a Step 2 American Heart Association diet. If, after 6 months of diet and exercise, the LDL-C level remains above 160 mg/dl, pharmacologic agents should be given. If the LDL-C is between 130 and 160 mg/dl, pharmacologic therapy should be considered. Statins are the agents of

choice. Weight loss, increased physical activity, and improvement in glycemic control often result in improvements in lipid levels.

Blood pressure. Careful control of hypertension in children is critical. Hypertension in childhood is defined as an average systolic or diastolic blood pressure $\geq 95^{\text{th}}$ percentile for age, sex, and height measured on at least three separate days. Normal blood pressure levels for age, sex, and height, appropriate methods for measurement, and treatment recommendations are available online at: www.nhlbi.nih.gov/health/prof/heart/hbp/hbp_ped.pdf.¹⁹

ACE inhibitors are the agents of choice in children with microalbuminuria. They have beneficial effects on slowing progression or preventing diabetic nephropathy.

Visiting the Health Care Team

Because most newly diagnosed cases of type 1 diabetes occur in individuals younger than 18 years of age, and more children and teens are now getting type 2 diabetes, care of this group requires integration of diabetes management with the complicated physical and emotional growth needs of children, adolescents, and their families, as well as with their emerging autonomy and independence.

Diabetes care for children should be provided by a team that can deal with these special medical, educational, nutritional, and behavioral issues. The team usually consists of a physician, diabetes educator, dietitian, social worker or psychologist, along with the patient and family. Children should be seen by the team at diagnosis and in follow-up, as agreed upon by the primary care provider and the diabetes team. The following schedule of care is based on the American Diabetes Association's Standards of Medical Care, published in 2005.¹⁶

At Diagnosis:

- Establish the goals of care and required treatment.
- Check lipids in children with a significant family history*
- Begin diabetes self-management education about healthy eating habits, daily physical activity, and insulin/medication administration, and self-monitoring of blood glucose levels if appropriate. A solid educational base is needed so that the individual and family can become increasingly independent in self-management of diabetes. Diabetes educators play an important role in this aspect of management.
- Provide nutritional therapy by an individual experienced with the nutritional needs of the growing child and the behavioral issues that have an impact on adolescent diets.
- Conduct a psychosocial assessment to identify emotional and behavioral disorders.

* In children with no significant family history, check lipids at puberty and if normal, repeat profile every 5 years (see section on lipids for more information).

Each Quarterly Visit

Most young people with diabetes are seen by the health care team every 3 months. At each visit, the following should be monitored or examined:

- A1C, an indicator of average blood glucose control
- Growth (height and weight)
- BMI
- Blood pressure
- Injection sites
- Self-testing blood glucose records
- Psychosocial assessment

Annually:

- Evaluate nutrition therapy
- Provide ophthalmologic examination (less often on the advice of an eye care professional)*
- Check for microalbuminuria (once the child is 10 years old and has had diabetes for 5 years)
- Perform thyroid function test (for children with type 1 diabetes)
- Administer influenza vaccination
- Examine feet.

*The first ophthalmologic examination should be obtained once the child is age 10 or older and has had diabetes for 3 to 5 years.

Helping Children Manage Diabetes

The health care provider team, in partnership with the young person with diabetes and caregivers, can develop a personal diabetes plan for the child that puts a daily schedule in place to keep diabetes under control. The plan shows the child how to follow a healthy meal plan, get regular physical activity, check blood glucose levels, take insulin or oral medication as prescribed, and manage hyperglycemia and hypoglycemia.

Follow a healthy meal plan

Young people with diabetes need to follow a meal plan developed by a registered dietitian, diabetes educator, or physician. For children with type 1 diabetes, the meal plan must ensure proper nutrition for growth. For children with type 2, the meal plan should outline appropriate changes in eating habits that lead to better energy balance and reduce or prevent obesity. A meal plan also helps keep blood glucose levels in the target range.

Children or adolescents and their families can learn how different types of food -- especially carbohydrates such as breads, pasta, and rice -- can affect blood glucose levels. Portion sizes, the right amount of calories for the child's age, and ideas for healthy food choices at meal and snack time also should be discussed including reduction in soda and juice consumption. Family support for following the meal plan and setting up regular meal times is a key to success, especially if the child or teen is taking insulin. See NDEP's ["Eat Healthy Foods"](#) Tip Sheet for Kids with type 2 Diabetes.

For more information about healthy eating for children, visit the [American Dietetic Association](#), an NDEP partner. Their "Healthy Habits for Healthy Kids" guide for parents is available in [English](#) and [Spanish](#), and includes [tips for a balanced diet](#). The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) also offers [diet tips](#) for people with diabetes.

Get regular physical activity

Children with diabetes need regular physical activity, ideally a total of 60 minutes each day. Physical activity helps to lower blood glucose levels, especially in children and adolescents with type 2 diabetes. Physical activity is also a good way to help children control their weight. In children with type 1 diabetes, the most common problem encountered during physical activity is hypoglycemia. If possible, a child or a teen should check blood glucose levels before beginning a game or a sport. If blood glucose levels are too low, the child should not be physically active until the low blood glucose level has been treated. See NDEP's ["Be Active"](#) Tip Sheet for Kids with type 2 Diabetes.

For more information on helping your child be physically active, visit the Weight-Control Information Network (WIN) of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). WIN offers a number of [publications](#) that address healthy eating and physical activity. The Centers for Disease Control and Prevention's (CDC) [Verb](#) campaign encourages youth to be physically active. ["Diabetes and Physical Activity at School"](#) provides additional information.

Check blood glucose levels regularly

Young people with diabetes should know the acceptable range for their blood glucose. Children, particularly those using insulin should check blood glucose values regularly with a blood glucose meter, preferably one with a built-in memory. A health care team member can teach a child how to use a blood glucose meter properly and how often to use it. Children should keep a journal or other records of blood glucose results to discuss with their health care team. This information helps providers make any needed changes to the child's or teen's personal diabetes plan.

Take all diabetes medication as prescribed

Parents, caregivers, school nurses, and others can help a child or teen learn how to take medications as prescribed. For type 1 diabetes, a child or teen takes insulin at prescribed times each day via multiple injections or an insulin pump. Some young people with type 2 diabetes need oral medication or insulin or both. In any case, it is important to stress that all medication should be balanced with

food and activity every day. [“Managing Insulin Requirements at School”](#) provides additional information.

Special Issues

Diabetes presents unique issues for young people with the disease. Simple things, such as going to a birthday party, playing sports, or staying overnight with friends, need careful planning. Checking blood glucose, making correct food choices, and taking insulin or oral medication can make school-age children feel “different” from their classmates and this can be particularly bothersome for teens.

For any child or teen with diabetes, learning to cope with the disease is a big task. Dealing with a chronic illness such as diabetes may cause emotional and behavioral challenges, sometimes leading to depression. Talking to a social worker or psychologist may help young people and their families learn to adjust to the lifestyle changes needed to stay healthy.

Family Support

Managing diabetes in children and adolescents is most effective when the entire family gets involved. Diabetes education should involve family members. Families can be encouraged to share concerns with physicians, diabetes educators, dietitians, and other health care providers to get their help in the day-to-day management of diabetes. Extended family members, teachers, school nurses, counselors, coaches, day care providers, and other resources in the community can provide information, support, guidance, and help with coping skills. These individuals also may be knowledgeable about resources for health education, financial services, social services, mental health counseling, transportation, and home visits.

Diabetes is stressful for both the children and their families. Parents should be alert for signs of depression or eating disorders and seek appropriate treatment. While all parents should talk to their children about avoiding tobacco, alcohol, and other drugs, this is particularly important for children with diabetes. Smoking and diabetes each independently increase the risk of cardiovascular disease and people with diabetes who smoke have a greatly increased risk of heart disease and circulatory problems. Binge drinking can cause hyperglycemia acutely, followed by an increased risk of hypoglycemia. The symptoms of intoxication are very similar to the symptoms of hypoglycemia, and thus, may result in delay of treatment of hypoglycemia with potentially disastrous consequences.

Transition to Independence

Children with diabetes—depending on their age and level of maturity—will learn to take over much of their care. Most school-age children can recognize symptoms of hypoglycemia and monitor blood glucose levels. They also participate in nutrition decisions. They often can give their own insulin injections but may not be able to draw up the dose accurately in a syringe until a developmental age of 11 to 12 years.

Adolescents often have the motor and cognitive skills to perform all diabetes-related tasks and determine insulin doses based on blood glucose levels and food intake. This is a time, however, when peer acceptance is important, risk-taking behaviors common, and rebellion against authority is part of teens’ search for independence. Thus, adolescents must be supervised in their diabetes tasks and allowed gradual independence with the understanding that the independence will be continued only if they adhere to the diabetes regimen and succeed in maintaining reasonable metabolic control. During mid-adolescence, the family and health care team should stress to teens the importance of checking blood glucose levels prior to driving a car to avoid hypoglycemia while driving.

Diabetes at School

The NDEP has developed a guide to educate and inform school personnel about diabetes, how it is managed, and how each member of the school staff can help meet the needs of students with the disease. School principals, administrators, nurses, teachers, coaches, bus drivers, health care, and lunchroom staff all play a role in helping students with diabetes succeed.

Several Federal and some state laws provide protections to children with disabilities, including diabetes. These laws help ensure that all students with diabetes are educated in a medically safe

environment and have the same access to educational opportunities as their peers—in public and some private schools. Students with diabetes are entitled to accommodations and modifications necessary for them to stay healthy at school. Accommodations may need to be made in the classroom, with physical education, on field trips, and/or for after-school activities.

Written plans outlining each student's diabetes management help students, their families, school staff, and the student's health care providers know what is expected of them. These expectations should be laid out in written documents, such as a:

Diabetes Medical Management Plan, developed by the student's personal health care team and family

Quick Reference Emergency Plan, which describes how to recognize hypoglycemia and hyperglycemia and what to do as soon as signs or symptoms of these conditions are observed

Education plans, such as the Section 504 Plan or Individualized Education Program (IEP)

Care Plan or Individual Health Plan generated by the school nurse that provides instructions to faculty and staff.

The school nurse is the most appropriate person to coordinate care for students with diabetes. Each student with diabetes should have a written plan, developed by the school nurse, incorporating physician orders, parent requests, and tailored to the specific developmental, physical, cognitive, and skill ability of the child. The nurse will conduct a nursing assessment of the student and develop a nursing care plan, taking into consideration the child's cognitive, emotional, and physical status as well as the medical orders contained in the Diabetes Medical Management Plan. A team approach to developing the care plan, involving the student, parent, health care provider, key school personnel, and school nurse, is the most effective way to ensure safe and effective diabetes management during the school day.

The nursing care plan would also identify school employees assigned to provide care to an individual student, under the direction of the school nurse, when allowed by state nurse practice acts. The school nurse is responsible for training, monitoring, and supervising these school personnel. The school nurse will promote and encourage independence and self-care consistent with the student's ability, skill, maturity, and developmental level.

For more information on managing diabetes in the school setting, see [Helping the Student with Diabetes Succeed: A Guide for School Personnel](#).

Camps and Support Groups

Local peer groups and camps for children and teens with diabetes can provide positive role models and group activities. Peer encouragement often helps children perform diabetes-related tasks that they had been afraid to do previously and encourages independence in diabetes management. Talking with other children who have diabetes helps young people feel less isolated and less alone in having to deal with the demands of diabetes. They have the opportunity to discuss issues they share in common that others in their peer group can't understand, and they can share solutions to problems that they have encountered. Often, these programs challenge children physically and teach them how to deal with increased exercise, reinforcing the fact that diabetes should not limit them in their ability to perform strenuous physical activity.

Prevention Strategies for Type 2 Diabetes

For children and teens at risk, health care providers can encourage, support, and educate the entire family to make lifestyle changes that may delay -- or lower the risk for -- the onset of type 2 diabetes. Such lifestyle changes include keeping at a healthy weight and staying active. New research findings will help determine effective ways to lower risk factors in high risk children. NDEP's ["Lower Your Risk"](#) Tip Sheet provides additional information for children at risk of developing type 2 diabetes.

Research

The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) conducts and supports a wide range of research aimed at finding ways to prevent and treat diabetes and its health complications. The Centers for Disease Control and Prevention (CDC) compiles diabetes statistics and conducts studies to help prevent and treat diabetes in children.

DirecNet: The Diabetes Research in Children Network (DirecNet) is a network of clinical centers working to determine the potential use of glucose monitoring technology and its impact on the management of type 1 diabetes in children. <http://public.direc.net/>

TEDDY: The consortium to identify The Environmental Determinants of Diabetes in the Young (TEDDY) will organize international efforts to identify infectious agents, dietary factors, or other environmental factors that trigger type 1 diabetes in genetically susceptible individuals. <http://www.teddystudy>

TrialNet: Type 1 Diabetes TrialNet is a clinical trials network of 18 sites in the United States, Canada, Europe, and Australia to test new ways to prevent type 1 diabetes and to preserve beta cell function in people who already have type 1 diabetes. www.DiabetesTrialnet.org

SEARCH: The SEARCH for Diabetes in Youth study is co-funded by CDC and NIDDK to determine the incidence and prevalence of diabetes in children in six areas of the U.S. and help clarify trends in the development of diabetes in youth. www.searchfordiabetes.org/

TODAY Trial: The TODAY (Treatment Options for type 2 Diabetes in Adolescents and Youth) study, which seeks to identify the best treatment of type 2 diabetes in children and teens, has begun in 13 medical centers and affiliated sites around the country. <http://www.niddk.nih.gov/patient/today/today.htm>

STOPP-T2D: The STOPP-T2D (Studies to Treat or Prevent Pediatric Type 2 Diabetes) study will test a program to lower risk factors for type 2 diabetes in middle school students. The seven-site study group is currently pilot testing potential interventions aimed at promoting physical activity and healthy food choices.

Resources

For more information about diabetes, target goals for blood glucose levels, educational materials, and support programs for people with diabetes and their families and friends, contact the following organizations.

1. National Diabetes Education Program (NDEP)

Toll-free: 1-800-438-5383

Website: www.ndep.nih.gov

The goal of this program is to reduce illness and death associated with diabetes and its complications. NDEP offers a number of state-of-the-science resources through its website and publications including a resource directory and a bibliography of recent articles in the pediatric field.

2. National Diabetes Information Clearinghouse

Toll-free: 1-800-860-8747

www.niddk.nih.gov/health/diabetes/diabetes.htm

3. Centers for Disease Control and Prevention

Toll-free: 1-800-311-3435

www.cdc.gov/diabetes

4. American Association of Diabetes Educators

Toll-free: 800-TEAM-UP4 (1-800-832-6874)

www.aadenet.org

5. American Diabetes Association

Toll-free: 1-800-DIABETES (1-800-342-2383)

www.diabetes.org

6. Juvenile Diabetes Research Foundation International

Toll-free: 1-800-223-1138

www.jdf.org

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Diabetes

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